

State of California
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

**NOTICE OF MODIFICATION TO TEXT OF PROPOSED
REGULATIONS (Inpatient Hospital Fee Schedule)**

And

NOTICE OF ADDITION OF DOCUMENTS TO RULEMAKING FILE

**A. NOTICE OF MODIFICATIONS TO PROPOSED TEXT OF
REGULATIONS**

NOTICE IS HEREBY GIVEN pursuant to Labor Code Section 5307.1 and Government Code Section 11346.8(c) that the Administrative Director of the Division of Workers' Compensation proposes to modify the text of the proposed amendments to the text of the regulations contained in Title 8, California Code of Regulations, Chapter 4.5, Subchapter 1, Article 5.5, Sections 9791.1 and 9792.1.

The subject matter of these regulations is payment for inpatient hospital services in workers' compensation cases.

**PRESENTATION OF WRITTEN COMMENTS AND DEADLINE FOR SUBMISSION OF
WRITTEN COMMENTS**

Members of the public are invited to present written comments regarding these proposed modifications. **Only comments directly concerning the proposed modifications to the text of the regulations will be considered and responded to.**

Written comments should be addressed to:

Guia Carreon, Regulations Coordinator
Department of Industrial Relations
Division of Workers' Compensation
Post Office Box 420603
San Francisco, CA 94142

The Division's contact person must receive all written comments concerning the proposed modifications to the regulations no later than 5:00 p.m. on March 5, 2001. Please note: Due to the inherent risk of non-delivery, the Division recommends that written comments should not be transmitted exclusively by facsimile or electronic mail.

AVAILABILITY OF TEXT OF REGULATIONS AND RULEMAKING FILE

Copies of the original text and modified text with modifications clearly indicated, and the entire rulemaking file, are currently available for public review during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays, at the offices of the Division of Workers' Compensation. The Division is located at 455 Golden Gate Avenue, 9th Floor, San Francisco, California.

Please contact the Division's regulations coordinator, Ms. Guia Carreon at (415) 703-4600 to arrange to inspect the rulemaking file.

The specific modifications proposed include changes to portions of Sections 9790.1 and 9792.1, and Appendices A and B to Section 9792.1. A copy of the proposed modified text is attached to this Notice.

FORMAT OF PROPOSED MODIFICATIONS

Proposed Text Noticed for 45-Day Comment Period:

Deletions from the original regulatory text are indicated by strike-through, thus: ~~deleted language~~.

Additions to the original regulatory text are indicated by underlining, thus: underlined language.

Proposed Text Noticed for First 15-Day Comment Period on Modified Text:

Deletions from the amended regulatory text as proposed on July 28, 2000, are indicated by strike-through under-line, thus: ~~deleted language~~.

Additions to the regulatory text as proposed on July 28, 2000, are indicated by a double underline, thus: added language.

Proposed Text Noticed for This Second 15-Day Comment Period on Modified Text:

Deletions from the amended regulatory text as proposed on December 1, 2000, are indicated by strike-through double under-line, thus: ~~deleted language~~.

Additions to the regulatory text as proposed on December 1, 2000, are indicated by bold upper case double underline, thus: **ADDED LANGUAGE**.

SUMMARY OF PROPOSED CHANGES

1. MODIFICATIONS TO SECTION 9790.1

(A) Section 9790.1(a) – Definition – Capital Outlier Factor

The proposed definition of the term “Capital Outlier Factor” has been revised.

The proposed Fixed Cost Loss Outlier Threshold of \$17,550 has been replaced with a new “California Fixed Cost Loss Outlier Threshold.”

(B) Section 9790.1(b) – Definition - California Fixed Cost Loss Outlier Threshold

A definition has been added for the new term “California Fixed Cost Loss Outlier Threshold.”

The “California Fixed Loss Cost Outlier Threshold” is defined as the factor calculated by adjusting the Medicare fixed loss cost outlier threshold for California workers’ compensation inpatient admissions. The California fixed loss cost outlier threshold is \$14,500.

A memorandum from Glenn Shor, Ph.D., addressed to the rulemaking file and dated February 13, 2001, contains an explanation of how the “California Fixed Loss Cost Outlier Threshold” was calculated.

The remaining existing and proposed subsections are being renumbered to accommodate this new definition.

(C) Section 9790.1(c) – Composite Factor

The Division was informed during the last 15-day comment period that in applying the Medicare composite factors, the Division omitted the sole community provider add-ons for 41 hospitals that met that designation. This defect has been remedied by adopting references to (and including in the calculations of each hospital’s hospital specific composite factor) the “labor-related national standardized amount” and the “nonlabor-related national standardized amount” for both “large urban area sole community hospitals” and for “other areas sole community hospitals.”

(D) Section 9790.1(f) – Cost Outlier Cases

In order to improve the clarity of this subsection, a cross reference to subsection 9790.1(d) was included to clarify that “costs” means the total billed charges for an admission, excluding non-medical charges such as television and telephone charges, multiplied by the hospital’s total cost-to-charge ratio, and for DRGs 496 through 500, for purposes of determining whether an admission is a cost outlier, “costs” exclude implantable hardware and/or instrumentation reimbursed under subsection (8) of Section 9792.1.

2. MODIFICATIONS TO PROPOSED TEXT OF SECTION 9792.1

(a) Section 9792.1(c)(1) – Exempt DRGs

As the Health Care Finance Agency (HCFA) has listed DRGs 456-460 and 472 as “no longer valid,” references in this subsection to those DRGs as being exempt from the fee schedule are being deleted.

(b) Section 9792.1(d) – Hospital Request for Correction of Errors and Redetermination of Composite Factor

This section was amended to allow a hospital to request redetermination of its hospital specific outlier factor if it believes that an error was made resulting in an erroneous determination of that factor.

(c) Section 9792.1(e) - Effective Date of Section 9792.1

This subsection has been non-substantively amended to correct a typographical error and reflect the reversal of the order of the implantable hardware and cost outlier provisions.

(d) Section 9792.1(f) – Sunset Provision for Subsections Concerning Cost Outliers and Implantable Hardware and Instrumentation

This subsection has been non-substantively amended to correct a typographical error and reflect the reversal of the order of implantable hardware and cost outlier provisions.

(e) Amendments to Text of Appendix A to Section 9792.1

Appendix A has been replaced with a revised and corrected Appendix A. The revised Appendix A contains the following changes:

1. The hospital specific outlier factor has been revised for each hospital.

Replacing Medicare’s Fixed Cost Loss Outlier Threshold of \$17,550 with a \$14,500 “California Fixed Cost Loss Outlier Threshold” in the formula in Section 9790.1(a) has reduced each hospital’s individually calculated “hospital specific outlier factor.”

2. The hospital specific composite factors for 41 facilities have been revised to reflect their sole community hospital add-ons.

During the last 15-day public comment period, the Division was informed that in applying the various Medicare adjustment factors, the Division omitted applying the appropriate sole community provider add-ons for hospitals that met this definition. This defect has been remedied by adopting references to (and including in the calculations of each hospital’s hospital specific composite factor) the “labor-related national standardized amount” and the “nonlabor-

related national standardized amount” for both “large urban area sole community hospitals” and for “other areas sole community hospitals.” The hospital specific composite factors for following facilities have been revised to reflect the appropriate sole community hospital add-ons:

50015	Northern Inyo Hospital
50042	St. Elizabeth Community Hospital
50092	Glenn Medical Center
50148	Plumas District Hospital Medicare Report
50189	George L. Mee Memorial Hospital
50217	Fairchild Medical Center
50251	Lassen Community Hospital
50279	Hi - Desert Medical Center
50333	Seneca District Hospital
50352	Barton Memorial Hospital
50355	Sierra Valley District Hospital
50366	Mark Twain St. Joseph’s Hospital
50379	West Side District Hospital
50388	Southern Inyo Hospital
50392	Trinity Hospital
50397	Coalinga Regional Medical Center
50406	Mayers Memorial Hospital Medicare Report
50417	Sutter Coast Hospital
50419	Mercy Medical Center Mt. Shasta
50423	Palo Verde Hospital
50427	Avalon Municipal Hospital
50430	Modoc Medical Center
50433	Indian Valley Hospital
50434	Colusa Community Hospital
50435	Fallbrook District Hospital
50443	John C. Fremont Hospital
50446	Tehachapi Valley Hosp. Dist.
50448	Ridgecrest Regional Hospital
50469	Colorado River Medical Center
50476	Sutter Lakeside Hospital
50478	Santa Ynez Valley Cottage Hospital
50482	Jerold Phelps Community Hospital
50494	Tahoe Forest Hospital
50528	Memorial Hospital-Los Banos
50539	Redbud Community Hospital
50542	Kern Valley Hospital District
50566	Eastern Plumas District Hosp
50569	Mendocino Coast District Hospital
50618	Bear Valley Community Hospital

50638 Southern Mono Health Care District
50676 Surprise Valley Comm Hospital

3. The formula for calculating three hospital's hospital specific outlier factors has been corrected for three hospitals that have been reclassified by HCFA from rural to urban counties.

Additionally, the Division was informed that for three hospitals that have been reclassified from rural to adjacent urban counties, the Division erroneously used pre-reclassified values to calculate these facilities' hospital specific outlier factors. This resulted in assigning these facilities erroneously high cost outlier thresholds. This error has been corrected and taken into account in recalculating the hospital specific cost outlier thresholds for the following facilities.

50296 Hazel Hawkins Memorial Hospital
50301 Ukiah Valley Medical Center
50569 Mendocino Coast District Hospital

(f) Amendments to Text of Appendix B to Section 9792.1

As the Health Care Finance Agency (HCFA) has listed DRGs 456-460 and 472 as "no longer valid," the descriptions for those DRGs have been changed to "no longer valid." As these DRGs are no longer valid, references to them as "excluded" in the "HCFA 2001 DRG Weight", "DWC Revised Ratio", "DWC Revised Weight" and "Geometric Mean LOS" columns have been changed to zeros.

B. NOTICE OF ADDITION TO RULEMAKING FILE OF A DOCUMENT INCORPORATED BY REFERENCE INTO THE PROPOSED REGULATIONS

NOTICE IS HEREBY GIVEN pursuant to the requirements of Government Code Sections 11346.8 and 11346.9(a)(1), and Section 45 of Title 1 of the California Code of Regulations, that the following document that is incorporated by reference into the proposed regulations has been added to the rulemaking file and is available for public inspection and comment.

- *Federal Register*: August 1, 2000 (Volume 65, Number 148), page 47127.

This document is being incorporated by reference rather than included in the California Code of Regulations because it is part of a voluminous document that contains a large amount of material extraneous to the subject matter of the regulations. It would therefore be cumbersome and otherwise impractical to publish this document in the California Code of Regulations.

This document is readily available to the public on the Internet, at the federal depository section of public libraries in larger cities, at local law libraries and at most federal office buildings.

A copy of this document is also currently available for public inspection at the Division's offices at 455 Golden Gate Avenue, 9th Floor, San Francisco, California, during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays. Please contact the Division's regulations coordinator, Ms. Guia Carreon at (415) 703-4600 to arrange to inspect the rulemaking file.

Any written comments regarding this document should be addressed to:

Guia Carreon, Regulations Coordinator.
Division of Workers' Compensation
Post Office Box 420603
San Francisco, CA 94142

The Division's contact person must receive all written comments regarding this document no later than 5:00 p.m. on March 5, 2001. All timely received written comments that pertain to the above identified document will be reviewed and responded to by the Division's staff as part of the compilation of the rulemaking file.

C. NOTICE OF ADDITION TO RULEMAKING FILE OF A DOCUMENT AND INFORMATION RELIED UPON

NOTICE IS HEREBY GIVEN pursuant to the requirements of Government Code Sections 11346.8 and 11346.9(a)(1), and Section 45 of Title 1 of the California Code of Regulations, that a document relied upon by the Division in proposing the regulations has been added to the rulemaking file and is available for public inspection and comment.

The modified proposed text of the regulations that are currently being noticed for public comment contain a new "California Fixed Cost Loss Outlier Threshold" that is used as a factor in determining whether an admission is a cost outlier case.

The data analysis and rationale for the cost outlier methodology proposed is set forth in a memorandum to the rulemaking file dated February 15, 2001, from Glenn Shor, Ph.D, Research Program Specialist II. This document and its attachments have been relied upon by the Division in proposing the regulations, and have therefore been added to the rulemaking file.

A copy of this document is currently available for public inspection at the Division's offices at 455 Golden Gate Avenue, 9th Floor, San Francisco, California, during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays. Please contact the Division's regulations coordinator, Ms. Guia Carreon at (415) 703-4600 to arrange to inspect the rulemaking file.

Any written comments regarding these documents should be addressed to:

Guia Carreon, Regulations Coordinator.
Division of Workers' Compensation
Post Office Box 420603
San Francisco, CA 94142

The Division's contact person must receive all written comments regarding these documents no later than 5:00 p.m. on March 5, 2001. All timely received written comments that pertain to the above identified documents will be reviewed and responded to by the Division's staff as part of the compilation of the rulemaking file.

D. IDENTIFICATION AND NOTICE OF PUBLIC AVAILABILITY OF A DOCUMENT AND INFORMATION RELIED UPON

The Office of Statewide Health Planning and Development (OSHPD) "Patient Discharge Data by Calendar Year" database for 1998 was used for analysis of the effects of the proposed regulations. This database is available for purchase on CD from OSHPD.

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation**

**California Code of Regulations
Title 8, Division 1, Chapter 4.5, Subchapter 1, Article 5.5**

PLEASE NOTE:

Important changes in the effective date of the regulations:

On January 23, 2001, the Administrative Director severed a portion of the rulemaking proposal noticed on August 11, 2000, and adopted the proposed amendments to Title 8 of the California Code of Regulations, Section 9792.1 concerning reimbursement for the costs of implantable instrumentation and hardware for spinal related surgeries. The rulemaking file for those amendments has been submitted to the Office of Administrative Law for transmittal to the Secretary of State. The severed and adopted amendments are therefore shown below as *existing* provisions of Section 9792.1(c)(7). As yet, however, the effective date of those regulations has not been determined.

In order to give the regulated public time to train their staff and implement the severed and adopted implantable instrumentation and hardware regulations, the Division asked the Office of Administrative Law for the adopted regulations to have an effective date of ***thirty (30) days*** after their respective filings with the Secretary of State. The Office of Administrative Law will fill in these effective dates as ***thirty (30) days*** after the date on which the respective regulations as adopted were filed with the Secretary of State.

The Division will follow this same procedure with the modified proposed cost outlier regulations. When the proposed cost outlier regulations are adopted, the Office of Administrative Law will fill in the effective date for those regulations as ***thirty (30) days*** after the date on which the regulations were filed with the Secretary of State.

The effective dates for the severed and adopted implantable instrumentation and hardware regulations and the proposed cost outlier regulations shown below will be made available on the Division's website (http://www.dir.ca.gov/workers'_comp.html) as soon as their respective effective dates are received from the Office of Administrative Law.

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Additions to the original regulatory text are indicated by underlining, thus: underlined language.

Proposed Text Noticed for First 15-Day Comment Period on Modified Text:

Deletions from the amended regulatory text as proposed on July 28, 2000, are indicated by strike-through under-line, thus: ~~deleted language~~.

Additions to the regulatory text as proposed on July 28, 2000, are indicated by a double underline, thus: added language.

Proposed Text Noticed for This Second 15-Day Comment Period on Modified Text:

Deletions from the amended regulatory text as proposed on December 1, 2000, are indicated by strike-through double under-line, thus: ~~deleted language~~.

Additions to the regulatory text as proposed on December 1, 2000, are indicated by bold upper case double underline, thus: **ADDED LANGUAGE**.

**California Code of Regulations
Title 8, Division 1, Chapter 4.5, Subchapter 1, Article 5.5**

§ 9790.1. Definitions

(a) "Capital outlier factor" means (**CALIFORNIA** fixed loss cost outlier threshold x geographic adjustment factor x large urban add-on x (capital cost-to-charge ratio to total cost-to-charge ratio)). The fixed loss cost outlier threshold is \$17,550 as specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47113, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The geographic adjustment factor is specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on September 29, 2000, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

(B) "CALIFORNIA FIXED LOSS COST OUTLIER THRESHOLD" MEANS THE FACTOR CALCULATED BY ADJUSTING THE MEDICARE FIXED LOSS COST OUTLIER THRESHOLD FOR CALIFORNIA WORKERS' COMPENSATION INPATIENT ADMISSIONS. THE CALIFORNIA FIXED LOSS COST OUTLIER THRESHOLD IS \$14,500.

~~(a)(b)(C)~~ "Composite factor" means the factor calculated by the administrative director for a health facility by adding the prospective operating costs and the prospective capital costs for the health facility, excluding the DRG weight and any applicable outlier payment, as determined by the federal Health Care Financing Administration for the purpose of determining reimbursement under Medicare.

(1) Prospective capital costs are determined by the following formula:

Capital standard federal payment rate x capital wage index x large urban add-on x [1 + capital disproportionate share adjustment factor + capital indirect medical education adjustment factor]

The "capital standard federal payment rate" is \$371.51 as published by HCFA in the *Federal Register* of August 29, 1997, at Vol. 62, page 46052, Table 1D \$382.03 as published by HCFA in the *Federal Register* of August 1, 2000, at Vol. 65, page 47127, Table 1d, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "capital wage index" was published in the Payment Impact File at positions ~~209-217~~ 243-252.

The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions ~~195-200~~ 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on ~~February 17, 1998~~ September 29, 2000, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

The "capital disproportionate share adjustment factor" was published in the Payment Impact File at positions ~~69-77~~ 117-126.

The "capital indirect medical education adjustment factor" (capital IME adjustment) was published in Payment Impact File at positions ~~168-176~~ 202-211.

(2) Prospective operating costs are determined by the following formula:

$$[(\text{Labor-related national standardized amount} \times \text{operating wage index}) + \text{nonlabor-related national standardized amount}] \times [1 + \text{operating disproportionate share adjustment factor} + \text{operating indirect medical education adjustment}]$$

The "labor-related national standardized amount" is ~~\$2,776.21~~ \$2,864.19 for large urban areas and ~~\$2,732.26~~ \$2,818.85 for other areas, as published by the federal Health Care Financing Administration [HCFA] in the *Federal Register* of ~~August 29, 1997~~, at Vol. 62, page 46052, Table 1 A August 1, 2000, at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. **THE "LABOR-RELATED NATIONAL STANDARDIZED AMOUNT" IS \$2,894.99 FOR LARGE URBAN AREA SOLE COMMUNITY HOSPITALS AND \$2,849.16 FOR OTHER AREAS SOLE COMMUNITY HOSPITALS, AS PUBLISHED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION [HCFA] IN THE *FEDERAL REGISTER* OF AUGUST 1, 2000, AT VOL. 65, PAGE 47127, TABLE 1E, WHICH DOCUMENT IS HEREBY INCORPORATED BY REFERENCE AND WILL BE MADE AVAILABLE UPON REQUEST TO THE ADMINISTRATIVE DIRECTOR.**

The "operating wage index" was published in the Payment Impact File at positions ~~219-227~~ 253-262.

The "nonlabor-related national standardized amount" is ~~\$1,128.44~~ \$1,164.21 for large urban areas and ~~\$1,110.58~~ \$1,145.78 for other areas, as published by HCFA in the *Federal Register* of ~~August 29, 1997~~, at Vol. 62, page 46052, Table 1 A August 1, 2000, at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. **THE "NONLABOR-RELATED NATIONAL STANDARDIZED AMOUNT" IS \$1,176.73 FOR LARGE URBAN AREA SOLE COMMUNITY HOSPITALS AND \$1,158.10 FOR OTHER AREAS SOLE COMMUNITY HOSPITALS AS PUBLISHED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION [HCFA] IN THE *FEDERAL REGISTER* OF AUGUST 1, 2000, AT VOL. 65, PAGE 47127, TABLE 1E, WHICH DOCUMENT IS HEREBY INCORPORATED BY REFERENCE AND WILL BE MADE AVAILABLE UPON REQUEST TO THE ADMINISTRATIVE DIRECTOR.**

The "operating disproportionate share adjustment factor" was published in the Payment Impact File at positions ~~79-87~~ 127-136.

The "operating indirect medical education adjustment" was published in the Payment Impact File at positions 178-186 212-221.

(3) A table of composite factors for each health facility in California is contained in Appendix A to Section 9792.1.

~~(e)~~(D) "Costs" means the total billed charges for an admission, excluding non-medical charges such as television and telephone charges, multiplied by the hospital's total cost-to-charge ratio. For DRGs 496 through 500, for purposes of determining whether an admission is a cost outlier, "costs" exclude implantable hardware and/or instrumentation reimbursed under subsection (8) of Section 9792.1.

~~(d)~~(E) "Cost-to-charge ratio" means the sum of the hospital specific operating cost-to-charge ratio and the hospital specific capital cost-to-charge ratio. The operating cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 161-168. The capital cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 99-106. A table of hospital specific capital cost-to-charge, operating cost-to-charge and total cost-to-charge ratios for each health facility in California is contained in Appendix A to Section 9792.1.

~~(e)~~(F) "Cost outlier case" means a hospitalization for which the hospital's costs, **AS DEFINED IN SUBDIVISION (D) ABOVE**, exceed the Inpatient Hospital Fee Schedule payment amount by the hospital's outlier factor. If costs exceed the cost outlier threshold, the case is a cost outlier case.

~~(f)~~(G) "Cost outlier threshold" means the sum of the Inpatient Hospital Fee Schedule payment amount plus the hospital specific outlier factor.

~~(b)~~(g)(H) "DRG weight" means the weighting factor for a diagnosis-related group assigned by the Health Care Financing Administration for the purpose of determining reimbursement under Medicare. A table is contained in Appendix B to Section 9792.1. Appendix B shows DRG weights as assigned by HCFA and, where applicable, "Revised DRG weights" in italics.

~~(e)~~(h)(I) (1) "Revised DRG weight" means the product of the DRG weight multiplied by the ratio set forth in subsection ~~(e)~~(h)(I)(2) for 48 specified DRGs to reflect the different resource usage between the workers' compensation population and the Medicare population.

(2) The ratios that were applied to the DRG weights are contained in ~~Appendix C~~ the column identified as “DWC Revised Ratio” in Appendix B of Section 9792.1.

~~(d)(i)(J)~~ "Health facility" means any facility as defined in Section 1250 of the Health and Safety Code.

~~(e)(i)(K)~~ "Inpatient" means a person who has been admitted to a health facility for the purpose of receiving inpatient services. A person is considered an inpatient when he or she is formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or is transferred to another facility and does not actually remain overnight.

~~(k)(L)~~ “Inpatient Hospital Fee Schedule payment amount” is that amount determined by multiplying the DRG weight x hospital composite factor x 1.2.

~~(l)(M)~~ “Labor-related portion” is that portion of operating costs attributable to labor costs, as specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

~~(f)(m)(N)~~ "Medical services" means those goods and services provided pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

~~(g)(n)(O)~~ “Average length of stay” means the geometric mean length of stay for a diagnosis-related group assigned by the Health Care Financing Administration.

~~(o)(P)~~ “Operating outlier factor” means ((CALIFORNIA fixed loss cost outlier threshold x ((labor-related portion x MSA wage index) + nonlabor-related portion)) x (operating cost-to-charge ratio to total cost-to-charge ratio)). The MSA wage index is specified at *Federal Register* of August 1, 2000 at Vol. 65, page 47149, Table 4a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The nonlabor-related portion is that portion of operating costs as defined in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

~~(p)~~**(Q)** “Outlier factor” means the sum of the capital outlier factor and the operating outlier factor. A table of hospital specific outlier factors for each health facility in California is contained in Appendix A to Section 9792.1

~~(h)~~~~(q)~~**(R)** “Payment Impact File” means the FY 1998 2001 Prospective Payment System Payment Impact File (~~September 1997~~ August 2000 Update) (~~IMPCTF98.EXE~~ IMPCTF01.EXE) published by the federal Health Care Financing Administration, which document is hereby incorporated by reference. The description of the file is found at <http://www.hcfa.gov/stats/impctf01.doc>. The file is accessible through <http://www.hcfa.gov/stats/pufiles.htm#ppfexmtp>. A paper copy of the Payment Impact File, with explanatory material, is available from the Administrative Director upon request. An electronic copy is available from the Administrative Director at <http://www.dir.ca.gov>.

Note: Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code.
Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

§9792.1 - Payment of Inpatient Services of Health Facilities.

(a) Maximum reimbursement for inpatient medical services shall be determined by multiplying 1.20 by the product of the health facility’s composite factor and the applicable DRG weight or revised DRG weight if a revised weight has been adopted by the administrative director. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section. However, preadmission services rendered by a health facility more than 24 hours before admission are separately reimbursable.

(b) Health facilities billing for fees under this section shall present with their bill the name and address of the facility, the facility’s Medicare ID number, and the applicable DRG codes.

(c) The following are exempt from the maximum reimbursement formula set forth in subdivision (a):

~~(1) Inpatient services for admissions where the length of stay exceeds the day outlier threshold established by the Health Care Financing Administration for the diagnosis-related group.~~

~~(2)~~**(1)** Inpatient services for the following diagnoses: Psychiatry (DRGs 424-432), Substance Abuse (DRGs 433-437), Organ Transplants (DRGs 103, 302, 480, 481, 495), Rehabilitation (DRG 462 and inpatient rehabilitation services provided in any

rehabilitation center that is authorized by the Department of Health Services in accordance with Title 22, §§ 70301 - 70603 of the California Code of Regulations to provide rehabilitation services), Tracheostomies (DRGs 482, 483), and Burns (DRGs 456-460, 472, 475 and 504-511).

~~(3)~~(2) Inpatient services provided by a Level I or Level II trauma center, as defined in Title 22, California Code of Regulations sections 100260, 100261, to a patient with an immediately life threatening or urgent injury.

~~(4)~~(3) Inpatient services provided by a health facility for which there is no composite factor.

~~(5)~~(4) Inpatient services provided by a health facility located outside the State of California.

~~(6)~~(5) The cost of durable medical equipment provided for use at home.

~~(7)~~(6) Inpatient services provided by a health facility transferring an inpatient to another hospital. Maximum reimbursement for inpatient medical services of a health facility transferring an inpatient to another hospital shall be a per diem rate for each day of the patient's stay in that hospital, not to exceed the amount that would have been paid under Title 8, California Code of Regulations §9792.1(a). However, the first day of the stay in the transferring hospital shall be reimbursed at twice the per diem amount. The per diem rate is determined by dividing the maximum reimbursement as determined under Title 8, California Code of Regulations §9792.1(a) by the average length of stay for that specific DRG. However, if an admission to a health facility transferring a patient is exempt from the maximum reimbursement formula set forth in subdivision (a) because it satisfies one or more of the requirements of Title 8, California Code of Regulations §9792.1(c)(1) through (c)~~(5)~~(4), subdivision (c)~~(7)~~(6) shall not apply. Inpatient services provided by the hospital receiving the patient shall be reimbursed under the provisions of Title 8, California Code of Regulations §9792.1(a).

(7) Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after *, 2001. Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after *,2001, shall be separately reimbursed at the provider's documented paid cost, plus an additional 10% of the provider's documented paid cost not to exceed a maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid.

~~(8)~~(7)(8) Cost Outlier cases. Inpatient services for cost outlier cases where the admission occurs on or after * , shall be reimbursed as follows:

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine costs. Costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine outlier threshold. Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is a cost outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs – cost outlier threshold)).

NOTE: For purposes of determining whether a case qualifies as a cost outlier case under this subsection, implantable hardware and/or instrumentation reimbursed under subsection (8) below is excluded from the calculation of costs. Once an admission for DRGs 496 through 500 qualifies as a cost outlier case, any implantable hardware and/or instrumentation shall be separately reimbursed under subsection (8) below.

Inpatient services for admissions on or after ~~*~~, 2000, where the total billed charges, excluding non-medical charges such as television and telephone charges, exceed five (5) times the fee computed under subsection (a) above.

(d) Any health care facility that believes its composite factor **OR HOSPITAL SPECIFIC OUTLIER FACTOR** was erroneously determined because of an error in tabulating data may request the Administrative Director for a re-determination of its composite factor **OR HOSPITAL SPECIFIC OUTLIER FACTOR**. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the composite factor **OR HOSPITAL SPECIFIC OUTLIER FACTOR** or reaffirm the published composite factor.

(e) This section, except as provided in subsections (C)(7) AND (c)(8) and (9), shall apply to covered inpatient hospital stays for which the day of admittance is on or after April 1, 1999.

(f) Subsections (C)(7) AND (c)(8) and (9) shall remain in effect only through December 31, 2001, and for admissions occurring on or after January 1, 2002, those subsections are repealed.

Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

*** The effective date of the proposed amendments:**

The effective date of the proposed regulations will be thirty (30) days after the regulations are filed with the Secretary of State. The proposed regulations therefore have blank spaces where the effective date will be. The Office of Administrative Law will fill in the effective date as 30 days after the date on which the regulations as adopted are filed with the Secretary of State.

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50002	ST. ROSE HOSPITAL	7626.1	0.018	0.372	0.390	\$ 19,640
50006	ST. JOSEPH HOSPITAL, EUREKA	4303.8	0.036	0.359	0.395	\$ 14,357
50007	MILLS PENINSULA MEDICAL CENTER	5732.9	0.035	0.364	0.399	\$ 18,837
50008	DAVIES MEDICAL CENTER	6366.3	0.039	0.317	0.356	\$ 18,840
50009	QUEEN OF THE VALLEY	5214.8	0.041	0.357	0.398	\$ 16,820
50013	ST. HELENA HOSPITAL	5286.9	0.024	0.430	0.454	\$ 16,828
50014	SUTTER AMADOR HOSPITAL	4303.8	0.020	0.353	0.373	\$ 14,357
50015	NORTHERN INYO HOSPITAL	4346.0	0.028	0.701	0.729	\$ 14,357
50016	ARROYO GRANDE COMMUNITY HOSPITAL	4553.8	0.108	0.394	0.502	\$ 15,187
50017	MERCY GENERAL HOSPITAL	5765.8	0.022	0.241	0.263	\$ 16,548
50018	PACIFIC ALLIANCE MEDICAL CNTR.	8999.4	0.043	0.393	0.436	\$ 16,631
50022	RIVERSIDE COMMUNITY	5171.4	0.044	0.337	0.381	\$ 15,697
50024	PARADISE VALLEY HOSPITAL	7440.0	0.024	0.360	0.384	\$ 16,363
50025	UCSD MEDICAL CENTER	8430.0	0.057	0.321	0.378	\$ 16,395
50026	GROSSMONT HOSPITAL	5834.5	0.043	0.318	0.361	\$ 16,384
50028	MAD RIVER COMMUNITY HOSPITAL	4303.8	0.026	0.418	0.444	\$ 14,357
50029	ST. LUKE MEDICAL CENTER	6514.7	0.031	0.238	0.269	\$ 16,637
50030	OROVILLE HOSPITAL	5185.6	0.048	0.495	0.543	\$ 14,416
50032	WARRACK HOSPITAL	5159.2	0.033	0.500	0.533	\$ 17,216
50033	MOUNT ZION MEDICAL CENTER OF UCSF	8623.8	0.042	0.407	0.449	\$ 18,838
50036	MEMORIAL HOSPITAL	4314.7	0.055	0.358	0.413	\$ 14,357
50038	SANTA CLARA VALLEY MEDICAL CENTER	9378.9	0.045	0.538	0.583	\$ 18,192
50039	ENLOE MEDICAL CENTER	4630.0	0.026	0.434	0.460	\$ 14,416
50040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	10003.1	0.033	0.329	0.362	\$ 16,628
50042	ST. ELIZABETH COMMUNITY HOSPITAL	4346.0	0.030	0.413	0.443	\$ 14,357
50043	SUMMIT MEDICAL CENTER	7556.7	0.016	0.340	0.356	\$ 19,640
50045	EL CENTRO REGIONAL MED. CTR.	5940.4	0.021	0.357	0.378	\$ 14,381
50046	OJAI VALLEY COMMUNITY HOSPITAL	4494.1	0.059	0.675	0.734	\$ 14,992

Appendix A
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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50047</u>	<u>CALIFORNIA PACIFIC MEDICAL CENTER</u>	<u>7124.8</u>	<u>0.029</u>	<u>0.373</u>	<u>0.402</u>	<u>\$ 18,834</u>
<u>50051</u>	<u>ALTA DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.586</u>	<u>0.622</u>	<u>\$ 14,357</u>
<u>50054</u>	<u>SAN GORGONIO MEMORIAL HOSPITAL</u>	<u>4981.7</u>	<u>0.024</u>	<u>0.330</u>	<u>0.354</u>	<u>\$ 15,677</u>
<u>50055</u>	<u>ST. LUKES HOSPITAL</u>	<u>8503.5</u>	<u>0.026</u>	<u>0.360</u>	<u>0.386</u>	<u>\$ 18,834</u>
<u>50056</u>	<u>ANTELOPE VALLEY HOSPITAL</u>	<u>6281.4</u>	<u>0.043</u>	<u>0.313</u>	<u>0.356</u>	<u>\$ 16,639</u>
<u>50057</u>	<u>KAWEAH DELTA HEALTH CARE DISTRICT</u>	<u>5269.1</u>	<u>0.031</u>	<u>0.430</u>	<u>0.461</u>	<u>\$ 14,357</u>
<u>50058</u>	<u>GLENDALE MEMORIAL HOSPITAL & HLTH CT</u>	<u>7144.1</u>	<u>0.031</u>	<u>0.278</u>	<u>0.309</u>	<u>\$ 16,632</u>
<u>50060</u>	<u>FRESNO COMMUNITY HOSP & MED CENTER</u>	<u>5731.0</u>	<u>0.029</u>	<u>0.337</u>	<u>0.366</u>	<u>\$ 14,607</u>
<u>50061</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>4530.4</u>	<u>0.057</u>	<u>0.356</u>	<u>0.413</u>	<u>\$ 15,112</u>
<u>50063</u>	<u>QUEEN OF ANGELS - HLLYWD PRES MC</u>	<u>8430.2</u>	<u>0.033</u>	<u>0.296</u>	<u>0.329</u>	<u>\$ 16,632</u>
<u>50065</u>	<u>WMC SANTA ANA</u>	<u>7039.7</u>	<u>0.057</u>	<u>0.314</u>	<u>0.371</u>	<u>\$ 16,015</u>
<u>50066</u>	<u>BAY HARBOR HOSPITAL</u>	<u>5818.7</u>	<u>0.016</u>	<u>0.302</u>	<u>0.318</u>	<u>\$ 16,614</u>
<u>50067</u>	<u>OAK VALLEY DISTRICT HOSPITAL</u>	<u>4468.6</u>	<u>0.029</u>	<u>0.359</u>	<u>0.388</u>	<u>\$ 14,907</u>
<u>50068</u>	<u>LINDSAY DISTRICT HOSPITAL</u>	<u>4494.2</u>	<u>0.014</u>	<u>0.487</u>	<u>0.501</u>	<u>\$ 14,357</u>
<u>50069</u>	<u>ST. JOSEPH HOSPITAL</u>	<u>5069.0</u>	<u>0.029</u>	<u>0.284</u>	<u>0.313</u>	<u>\$ 16,629</u>
<u>50070</u>	<u>KFH- SSF</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 18,838</u>
<u>50071</u>	<u>KFH - SANTA CLARA</u>	<u>7040.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50072</u>	<u>KFH - WALNUT CREEK</u>	<u>6149.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50073</u>	<u>KFH - VALLEJO</u>	<u>5946.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,587</u>
<u>50075</u>	<u>KFH - OAKLAND</u>	<u>7131.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50076</u>	<u>KFH - SAN FRANCISCO</u>	<u>7132.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50077</u>	<u>MERCY HOSPITAL</u>	<u>6346.8</u>	<u>0.034</u>	<u>0.300</u>	<u>0.334</u>	<u>\$ 16,377</u>
<u>50078</u>	<u>SAN PEDRO PENINSULA</u>	<u>5498.4</u>	<u>0.028</u>	<u>0.268</u>	<u>0.296</u>	<u>\$ 16,630</u>
<u>50079</u>	<u>DOCTORS MEDICAL CENTER-SAN PABLO</u>	<u>7288.6</u>	<u>0.021</u>	<u>0.289</u>	<u>0.310</u>	<u>\$ 19,641</u>
<u>50082</u>	<u>ST. JOHN'S REGIONAL MEDICAL CENTER</u>	<u>5247.3</u>	<u>0.074</u>	<u>0.343</u>	<u>0.417</u>	<u>\$ 14,990</u>
<u>50084</u>	<u>ST. JOSEPH'S MEDICAL CENTER</u>	<u>5020.2</u>	<u>0.022</u>	<u>0.260</u>	<u>0.282</u>	<u>\$ 15,146</u>
<u>50088</u>	<u>SAN LUIS OBISPO GENERAL HOSPITAL</u>	<u>4755.3</u>	<u>0.025</u>	<u>0.735</u>	<u>0.760</u>	<u>\$ 15,193</u>
<u>50089</u>	<u>COMMUNITY HOSPITAL OF SAN BERNARDINO</u>	<u>7291.2</u>	<u>0.046</u>	<u>0.315</u>	<u>0.361</u>	<u>\$ 15,701</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50090	SONOMA VALLEY HEALTH CARE DIST.	5159.2	0.055	0.437	0.492	\$ 17,206
50091	COMMUNITY HOSPITALS OF HUNTINGTON PK	9079.1	0.032	0.277	0.309	\$ 16,633
50092	GLENN MEDICAL CENTER	4730.9	0.050	0.747	0.797	\$ 14,357
50093	SAINT AGNES MEDICAL CENTER	4603.7	0.043	0.353	0.396	\$ 14,607
50096	DR'S HOSPITAL OF WEST COVINA	5406.7	0.039	0.304	0.343	\$ 16,636
50097	GENERAL HOSPITAL	4303.8	0.033	0.367	0.400	\$ 14,357
50099	SAN ANTONIO COMMUNITY HOSPITAL	5661.2	0.031	0.293	0.324	\$ 15,688
50100	SHARP MEMORIAL HOSPITAL	5783.9	0.041	0.359	0.400	\$ 16,377
50101	SUTTER SOLANO MEDICAL CENTER	6430.3	0.025	0.290	0.315	\$ 16,823
50102	PARKVIEW COMMUNITY HOSPITAL	5928.8	0.024	0.340	0.364	\$ 15,676
50103	WHITE MEMORIAL MEDICAL CENTER	8308.7	0.044	0.335	0.379	\$ 16,637
50104	ST. FRANCIS MEDICAL CENTER	7922.8	0.022	0.271	0.293	\$ 16,623
50107	MARIAN MEDICAL CENTER	5215.2	0.058	0.378	0.436	\$ 15,112
50108	SUTTER COMMUNITY HOSPITAL	5789.3	0.036	0.278	0.314	\$ 16,559
50110	LOMPOC DISTRICT HOSPITAL	4530.4	0.042	0.436	0.478	\$ 15,113
50111	TEMPLE COMMUNITY HOSPITAL	7509.1	0.016	0.285	0.301	\$ 16,615
50112	SANTA MONICA HOSPITAL	5570.3	0.039	0.355	0.394	\$ 16,631
50113	SAN MATEO COUNTY GENERAL HOSPITAL	6178.8	0.028	0.886	0.914	\$ 18,828
50114	SHERMAN OAKS HOSP AND HLTH CENTER	5268.7	0.047	0.430	0.477	\$ 16,631
50115	PALOMAR MEDICAL CENTER	5573.1	0.044	0.342	0.386	\$ 16,382
50116	NORTHRIDGE HOSPITAL MEDICAL CENTER	5974.7	0.029	0.275	0.304	\$ 16,630
50117	MERCY HOSPITAL & HEALTH SYSTEM	4954.2	0.021	0.308	0.329	\$ 14,357
50118	DOCTORS HOSPITAL OF MANTECA	4540.3	0.029	0.225	0.254	\$ 15,145
50121	HANFORD COMMUNITY MEDICAL CENTER	4303.8	0.021	0.391	0.412	\$ 14,357
50122	DAMERON HOSPITAL	5554.0	0.015	0.280	0.295	\$ 15,147
50124	VERDUGO HILLS HOSPITAL	5057.3	0.053	0.310	0.363	\$ 16,648
50125	ALEXIAN BROS. HOSPITAL	7865.2	0.032	0.280	0.312	\$ 18,198
50126	VALLEY PRESBYTERIAN HOSPITAL	6606.0	0.047	0.312	0.359	\$ 16,643

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50127	WOODLAND MEMORIAL HOSPITAL	4896.1	0.046	0.476	0.522	\$ 14,704
50128	TRI-CITY MEDICAL CENTER	5188.6	0.043	0.309	0.352	\$ 16,385
50129	ST. BERNARDINE MEDICAL CENTER	6071.7	0.072	0.392	0.464	\$ 15,713
50131	NOVATO COMMUNITY HOSPITAL	5729.5	0.026	0.464	0.490	\$ 18,831
50132	SAN GABRIEL VALLEY MEDICAL CENTER	5928.3	0.038	0.251	0.289	\$ 16,643
50133	RIDEOUT MEMORIAL HOSPITAL	5334.9	0.044	0.443	0.487	\$ 15,225
50135	HOLLYWOOD COMM. HOSP OF HOLLYWOOD	6497.7	0.027	0.377	0.404	\$ 16,620
50136	PETALUMA VALLEY HOSPITAL	5159.2	0.036	0.489	0.525	\$ 17,214
50137	KAISER FOUNDATION HOSPITALS-PANORAMA	5088.3	0.039	0.361	0.400	\$ 16,631
50138	KAISER FOUNDATION HOSPITALS - SUNSET	5938.5	0.039	0.361	0.400	\$ 16,631
50139	KAISER FOUND. HOSPITALS - BELLFLOWER	5118.5	0.039	0.361	0.400	\$ 16,631
50140	KAISER FOUND. HOSPITALS - FONTANA	5082.3	0.039	0.361	0.400	\$ 15,689
50144	BROTMAN MEDICAL CENTER	6207.8	0.050	0.318	0.368	\$ 16,644
50145	COMMUNITY HOSP. MONTEREY PENINSULA	5869.7	0.032	0.463	0.495	\$ 19,113
50148	PLUMAS DISTRICT HOSPITAL MCARE RPT	4346.0	0.034	0.466	0.500	\$ 14,357
50149	CALIFORNIA HOSPITAL MEDICAL CENTER	8562.6	0.035	0.353	0.388	\$ 16,628
50150	SIERRA NEVADA MEMORIAL HOSPITAL	4948.0	0.073	0.459	0.532	\$ 16,500
50152	SAINT FRANCIS MEMORIAL HOSPITAL	7135.7	0.032	0.292	0.324	\$ 18,839
50153	O'CONNOR HOSPITAL	5991.8	0.036	0.363	0.399	\$ 18,195
50155	MONROVIA COMMUNITY HOSPITAL	5408.9	0.039	0.314	0.353	\$ 16,635
50158	ENCINO-TARZANA REG MED CENTER	5071.9	0.038	0.361	0.399	\$ 16,630
50159	VENTURA COUNTY MEDICAL CENTER	7638.6	0.024	0.504	0.528	\$ 14,993
50167	SAN JOAQUIN GENERAL HOSPITAL	7581.0	0.048	0.451	0.499	\$ 15,146
50168	ST. JUDE MEDICAL CENTER	4875.0	0.022	0.282	0.304	\$ 15,983
50169	PRESBYTERIAN INTERCOMMUNITY	5662.7	0.041	0.290	0.331	\$ 16,640
50170	LONG BEACH COMMUNITY MEDICAL CENTER	5651.6	0.032	0.333	0.365	\$ 16,627
50172	REDWOOD MEMORIAL HOSPITAL	4303.8	0.036	0.428	0.464	\$ 14,357
50173	ANAHEIM GENERAL HOSPITAL	6486.4	0.013	0.275	0.288	\$ 15,972

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<u>50174</u>	<u>SANTA ROSA MEMORIAL HOSPITAL</u>	<u>5179.2</u>	<u>0.039</u>	<u>0.462</u>	<u>0.501</u>	<u>\$ 17,212</u>
<u>50175</u>	<u>WHITTIER HOSPITAL MEDICAL CENTER</u>	<u>6697.3</u>	<u>0.039</u>	<u>0.291</u>	<u>0.330</u>	<u>\$ 16,638</u>
<u>50177</u>	<u>SANTA PAULA MEMORIAL HOSPITAL</u>	<u>4693.0</u>	<u>0.028</u>	<u>0.546</u>	<u>0.574</u>	<u>\$ 14,993</u>
<u>50179</u>	<u>EMANUEL MEDICAL CENTER</u>	<u>5133.3</u>	<u>0.038</u>	<u>0.353</u>	<u>0.391</u>	<u>\$ 14,907</u>
<u>50180</u>	<u>JOHN MUIR MEDICAL CENTER</u>	<u>5985.2</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>\$ 19,644</u>
<u>50186</u>	<u>SCRIPPS HOSPITAL - EAST COUNTY</u>	<u>5747.0</u>	<u>0.051</u>	<u>0.370</u>	<u>0.421</u>	<u>\$ 16,384</u>
<u>50188</u>	<u>COMM HOSP.& REHAB- LOS GATOS</u>	<u>5534.0</u>	<u>0.045</u>	<u>0.253</u>	<u>0.298</u>	<u>\$ 18,209</u>
<u>50189</u>	<u>GEORGE L. MEE MEMORIAL HOSPITAL</u>	<u>6039.3</u>	<u>0.036</u>	<u>0.493</u>	<u>0.529</u>	<u>\$ 19,112</u>
<u>50191</u>	<u>ST MARY MEDICAL CENTER</u>	<u>7071.6</u>	<u>0.039</u>	<u>0.255</u>	<u>0.294</u>	<u>\$ 16,643</u>
<u>50192</u>	<u>SIERRA KINGS DISTRICT HOSPITAL</u>	<u>4572.4</u>	<u>0.038</u>	<u>0.520</u>	<u>0.558</u>	<u>\$ 14,607</u>
<u>50193</u>	<u>SOUTH COAST MEDICAL CENTER</u>	<u>4867.8</u>	<u>0.027</u>	<u>0.268</u>	<u>0.295</u>	<u>\$ 15,991</u>
<u>50194</u>	<u>WATSONVILLE COMMUNITY HOSPITAL</u>	<u>6816.0</u>	<u>0.030</u>	<u>0.387</u>	<u>0.417</u>	<u>\$ 18,694</u>
<u>50195</u>	<u>WASHINGTON HOSPITAL DISTRICT</u>	<u>6805.6</u>	<u>0.024</u>	<u>0.336</u>	<u>0.360</u>	<u>\$ 19,641</u>
<u>50196</u>	<u>CENTRAL VALLEY GENERAL HOSP</u>	<u>4456.1</u>	<u>0.021</u>	<u>0.382</u>	<u>0.403</u>	<u>\$ 14,357</u>
<u>50197</u>	<u>SEQUOIA HEALTH SERVICES</u>	<u>5739.1</u>	<u>0.030</u>	<u>0.449</u>	<u>0.479</u>	<u>\$ 18,833</u>
<u>50204</u>	<u>LANCASTER HOSPITAL</u>	<u>5201.4</u>	<u>0.022</u>	<u>0.251</u>	<u>0.273</u>	<u>\$ 16,625</u>
<u>50205</u>	<u>HUNTINGTON EAST VALLEY HOSPITAL</u>	<u>7228.2</u>	<u>0.044</u>	<u>0.419</u>	<u>0.463</u>	<u>\$ 16,630</u>
<u>50207</u>	<u>FREMONT MEDICAL CENTER</u>	<u>5423.3</u>	<u>0.030</u>	<u>0.494</u>	<u>0.524</u>	<u>\$ 15,226</u>
<u>50211</u>	<u>ALAMEDA HOSPITAL</u>	<u>6385.2</u>	<u>0.014</u>	<u>0.250</u>	<u>0.264</u>	<u>\$ 19,641</u>
<u>50213</u>	<u>UNIVERSITY MEDICAL CENTER</u>	<u>7604.5</u>	<u>0.021</u>	<u>0.439</u>	<u>0.460</u>	<u>\$ 14,607</u>
<u>50214</u>	<u>GRANADA HILLS COMMUNITY HOSPITAL</u>	<u>6473.8</u>	<u>0.022</u>	<u>0.303</u>	<u>0.325</u>	<u>\$ 16,620</u>
<u>50215</u>	<u>SAN JOSE MEDICAL CENTER</u>	<u>7139.9</u>	<u>0.130</u>	<u>0.425</u>	<u>0.555</u>	<u>\$ 18,227</u>
<u>50217</u>	<u>FAIRCHILD MEDICAL CENTER</u>	<u>4346.0</u>	<u>0.045</u>	<u>0.616</u>	<u>0.661</u>	<u>\$ 14,357</u>
<u>50219</u>	<u>COAST PLAZA DOCTORS HOSPITAL</u>	<u>6698.9</u>	<u>0.023</u>	<u>0.288</u>	<u>0.311</u>	<u>\$ 16,622</u>
<u>50222</u>	<u>SHARP CHULA VISTA MEDICAL CTR</u>	<u>6376.7</u>	<u>0.044</u>	<u>0.326</u>	<u>0.370</u>	<u>\$ 16,384</u>
<u>50224</u>	<u>HOAG MEMORIAL HOSPITAL PRESBYTERIAN</u>	<u>4869.0</u>	<u>0.036</u>	<u>0.380</u>	<u>0.416</u>	<u>\$ 15,989</u>
<u>50225</u>	<u>FEATHER RIVER HOSPITAL</u>	<u>4510.5</u>	<u>0.047</u>	<u>0.450</u>	<u>0.497</u>	<u>\$ 14,416</u>
<u>50226</u>	<u>ANAHEIM MEMORIAL MEDICAL CENTER</u>	<u>5034.2</u>	<u>0.052</u>	<u>0.299</u>	<u>0.351</u>	<u>\$ 16,013</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50228</u>	<u>SAN FRANCISCO GENERAL HOSPITAL</u>	<u>10776.1</u>	<u>0.016</u>	<u>0.535</u>	<u>0.551</u>	<u>\$ 18,827</u>
<u>50230</u>	<u>GARDEN GROVE MEDICAL CENTER</u>	<u>6972.4</u>	<u>0.029</u>	<u>0.262</u>	<u>0.291</u>	<u>\$ 15,994</u>
<u>50231</u>	<u>POMONA VALLEY HOSPITAL MED CTR</u>	<u>6615.4</u>	<u>0.024</u>	<u>0.264</u>	<u>0.288</u>	<u>\$ 16,626</u>
<u>50232</u>	<u>FRENCH HOSPITAL MEDICAL CENTER</u>	<u>4562.2</u>	<u>0.033</u>	<u>0.262</u>	<u>0.295</u>	<u>\$ 15,190</u>
<u>50234</u>	<u>SHARP CORONADO HOSPITAL</u>	<u>4979.7</u>	<u>0.035</u>	<u>0.464</u>	<u>0.499</u>	<u>\$ 16,365</u>
<u>50235</u>	<u>PROVIDENCE SAINT JOSEPH MED CTR</u>	<u>5361.5</u>	<u>0.046</u>	<u>0.403</u>	<u>0.449</u>	<u>\$ 16,632</u>
<u>50236</u>	<u>SIMI VALLEY HOSPITAL</u>	<u>5177.0</u>	<u>0.036</u>	<u>0.326</u>	<u>0.362</u>	<u>\$ 16,582</u>
<u>50238</u>	<u>METHODIST HOSPITAL OF SOUTHERN CA</u>	<u>5065.0</u>	<u>0.042</u>	<u>0.353</u>	<u>0.395</u>	<u>\$ 16,634</u>
<u>50239</u>	<u>GLENDALE ADVENTIST MEDICAL CENTER</u>	<u>7355.8</u>	<u>0.052</u>	<u>0.607</u>	<u>0.659</u>	<u>\$ 16,624</u>
<u>50240</u>	<u>CENTINELA HOSPITAL MEDICAL CENTER</u>	<u>6795.9</u>	<u>0.049</u>	<u>0.298</u>	<u>0.347</u>	<u>\$ 16,646</u>
<u>50242</u>	<u>DOMINICAN SANTA CRUZ HOSPITAL</u>	<u>6176.1</u>	<u>0.034</u>	<u>0.331</u>	<u>0.365</u>	<u>\$ 18,686</u>
<u>50243</u>	<u>DESERT HOSPITAL</u>	<u>5437.4</u>	<u>0.044</u>	<u>0.260</u>	<u>0.304</u>	<u>\$ 15,708</u>
<u>50245</u>	<u>ARROWHEAD REGIONAL MEDICAL CENTER</u>	<u>8153.0</u>	<u>0.015</u>	<u>0.476</u>	<u>0.491</u>	<u>\$ 15,662</u>
<u>50248</u>	<u>NATIVIDAD MEDICAL CENTER</u>	<u>8830.3</u>	<u>0.016</u>	<u>0.393</u>	<u>0.409</u>	<u>\$ 19,124</u>
<u>50251</u>	<u>LASSEN COMMUNITY HOSPITAL</u>	<u>4730.9</u>	<u>0.039</u>	<u>0.476</u>	<u>0.515</u>	<u>\$ 14,357</u>
<u>50253</u>	<u>LINCOLN LLC</u>	<u>6066.4</u>	<u>0.028</u>	<u>0.301</u>	<u>0.329</u>	<u>\$ 15,988</u>
<u>50254</u>	<u>MARSHALL HOSPITAL</u>	<u>5033.6</u>	<u>0.085</u>	<u>0.431</u>	<u>0.516</u>	<u>\$ 16,577</u>
<u>50256</u>	<u>ORTHOPAEDIC HOSPITAL</u>	<u>6853.0</u>	<u>0.046</u>	<u>0.447</u>	<u>0.493</u>	<u>\$ 16,629</u>
<u>50257</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>4494.2</u>	<u>0.080</u>	<u>0.320</u>	<u>0.400</u>	<u>\$ 14,358</u>
<u>50260</u>	<u>MOUNTAINS COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.042</u>	<u>0.460</u>	<u>0.502</u>	<u>\$ 15,684</u>
<u>50261</u>	<u>SIERRA VIEW DISTRICT HOSPITAL</u>	<u>5092.2</u>	<u>0.064</u>	<u>0.390</u>	<u>0.454</u>	<u>\$ 14,357</u>
<u>50262</u>	<u>UCLA MEDICAL CENTER</u>	<u>7975.2</u>	<u>0.039</u>	<u>0.387</u>	<u>0.426</u>	<u>\$ 16,629</u>
<u>50264</u>	<u>SAN LEANDRO HOSPITAL</u>	<u>5974.6</u>	<u>0.039</u>	<u>0.337</u>	<u>0.376</u>	<u>\$ 19,644</u>
<u>50267</u>	<u>DANIEL FREEMAN MEMORIAL HOSP</u>	<u>6571.3</u>	<u>0.023</u>	<u>0.248</u>	<u>0.271</u>	<u>\$ 16,626</u>
<u>50270</u>	<u>SMH - CHULA VISTA</u>	<u>6795.5</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>\$ 16,379</u>
<u>50272</u>	<u>REDLANDS COMMUNITY HOSPITAL</u>	<u>4783.7</u>	<u>0.035</u>	<u>0.292</u>	<u>0.327</u>	<u>\$ 15,693</u>
<u>50276</u>	<u>CONTRA COSTA REGIONAL MEDICAL CNTR</u>	<u>9454.0</u>	<u>0.017</u>	<u>0.666</u>	<u>0.683</u>	<u>\$ 19,639</u>
<u>50277</u>	<u>PACIFIC HOSPITAL OF LONG BEACH</u>	<u>7263.8</u>	<u>0.024</u>	<u>0.387</u>	<u>0.411</u>	<u>\$ 16,617</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50278	PROVIDENCE HOLY CROSS MEDICAL CENTER	5769.4	0.039	0.282	0.321	\$ 16,639
50279	HI - DESERT MEDICAL CENTER	4817.5	0.054	0.491	0.545	\$ 15,690
50280	MERCY MEDICAL CENTER	5635.0	0.029	0.296	0.325	\$ 16,206
50281	ALHAMBRA HOSPITAL	7401.6	0.039	0.320	0.359	\$ 16,635
50282	MARTIN LUTHER HOSPITAL	5945.2	0.038	0.321	0.359	\$ 15,996
50283	VALLEY MEMORIAL HOSPITAL	5974.6	0.035	0.269	0.304	\$ 19,644
50289	SETON MEDICAL CENTER	6749.3	0.036	0.357	0.393	\$ 18,837
50290	SAINT JOHN'S HOSPITAL	5063.8	0.027	0.307	0.334	\$ 16,625
50291	SUTTER COMMUNITY HOSPITAL SANTA ROSA	8312.9	0.039	0.499	0.538	\$ 17,213
50292	RIVERSIDE COUNTY REGIONAL MED CENTER	7310.5	0.018	0.480	0.498	\$ 15,664
50293	PACIFIC COAST HOSPITAL	7084.4	0.112	0.835	0.947	\$ 18,842
50295	MERCY HOSPITAL	4464.2	0.055	0.314	0.369	\$ 14,358
50296	HAZEL HAWKINS MEM. HOSPITAL	5541.7	0.036	0.442	0.478	\$ 18,491
50298	BARSTOW COMMUNITY HOSPITAL	4770.8	0.036	0.282	0.318	\$ 15,696
50299	NHMC-SHERMAN WAY CAMPUS	7150.0	0.042	0.351	0.393	\$ 16,634
50300	ST. MARY REGIONAL	5606.9	0.040	0.325	0.365	\$ 15,694
50301	UKIAH VALLEY MEDICAL CENTER	5263.3	0.034	0.486	0.520	\$ 16,961
50305	ALTA BATES MEDICAL CENTER	7233.9	0.028	0.278	0.306	\$ 19,643
50308	EL CAMINO HOSPITAL	5542.8	0.031	0.335	0.366	\$ 18,194
50309	SUTTER ROSEVILLE MEDICAL CENTER	5237.1	0.035	0.287	0.322	\$ 16,557
50312	REDDING MEDICAL CENTER	5071.6	0.015	0.361	0.376	\$ 16,211
50313	SUTTER TRACY COMMUNITY HOSPITAL	4540.3	0.058	0.301	0.359	\$ 15,144
50315	KERN MEDICAL CENTER	7908.4	0.030	0.574	0.604	\$ 14,357
50320	ALAMEDA COUNTY MEDICAL CENTER	10196.1	0.017	0.608	0.625	\$ 19,639
50324	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	4990.5	0.034	0.280	0.314	\$ 16,380
50325	TUOLUMNE GENERAL HOSPITAL	4303.8	0.022	0.419	0.441	\$ 14,357
50327	LOMA LINDA UNIVERSITY MEDICAL CTR.	7076.6	0.036	0.289	0.325	\$ 15,695
50329	CORONA REGIONAL MEDICAL CENTER	5574.6	0.028	0.274	0.302	\$ 15,687

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50331	HEALDSBURG GENERAL HOSPITAL	5159.2	0.024	0.459	0.483	\$ 17,218
50333	SENECA DISTRICT HOSPITAL	4346.0	0.021	0.532	0.553	\$ 14,357
50334	SALINAS VALLEY MEMORIAL HOSPITAL	6197.3	0.023	0.442	0.465	\$ 19,120
50335	SONORA COMMUNITY HOSPITAL	4303.8	0.039	0.460	0.499	\$ 14,357
50336	LODI MEMORIAL HOSPITAL	4748.4	0.030	0.312	0.342	\$ 15,146
50337	DESERT PALMS COMMUNITY HOSPITAL	5057.3	0.042	0.394	0.436	\$ 16,630
50342	PIONEERS MEM. HOSPITAL	4456.1	0.033	0.426	0.459	\$ 14,357
50345	HOSPITAL NAME NOT AVAILABLE	4781.9	0.051	0.497	0.548	\$ 15,687
50348	UCI MEDICAL CENTER	8187.6	0.027	0.322	0.349	\$ 15,985
50349	CORCORAN DISTRICT HOSPITAL	4456.1	0.030	0.429	0.459	\$ 14,357
50350	BEVERLY COMMUNITY HOSPITAL	6431.8	0.023	0.305	0.328	\$ 16,621
50351	TORRANCE MEMORIAL MEDICAL CENTER	5063.4	0.031	0.323	0.354	\$ 16,627
50352	BARTON MEMORIAL HOSPITAL	5083.0	0.070	0.516	0.586	\$ 16,561
50353	LITTLE COMPANY OF MARY HOSPITAL	5067.1	0.033	0.295	0.328	\$ 16,632
50355	SIERRA VALLEY DISTRICT HOSPITAL	4346.0	0.111	0.640	0.751	\$ 14,358
50357	GOLETA VALLEY COTTAGE HOSPITAL	4540.5	0.036	0.351	0.387	\$ 15,113
50359	TULARE DISTRICT HOSPITAL	5249.7	0.041	0.430	0.471	\$ 14,357
50360	MARIN GENERAL HOSPITAL	5875.4	0.050	0.425	0.475	\$ 18,840
50366	MARK TWAIN ST. JOSEPH'S HOSPITAL	4346.0	0.022	0.346	0.368	\$ 14,357
50367	NORTHBAY MEDICAL CENTER	6561.2	0.034	0.233	0.267	\$ 16,816
50369	QUEEN OF THE VALLEY HOSPITAL	6821.2	0.023	0.356	0.379	\$ 16,618
50373	LAC+USC MEDICAL CENTER	9863.6	0.016	0.347	0.363	\$ 16,612
50376	HARBOR-UCLA MEDICAL CENTER	10439.6	0.039	0.296	0.335	\$ 16,637
50377	CHOWCHILLA DISTRICT MEMORIAL HOSP	4378.7	0.032	0.642	0.674	\$ 14,607
50378	PACIFICA OF THE VALLEY	8053.4	0.059	0.476	0.535	\$ 16,635
50379	WEST SIDE DISTRICT HOSPITAL	4346.0	0.127	0.832	0.959	\$ 14,357
50380	GOOD SAMARITAN HOSPITAL	5539.0	0.106	0.556	0.662	\$ 18,211
50382	INTER-COMMUNITY MEDICAL CENTER	6123.9	0.026	0.340	0.366	\$ 16,621

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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50385	PALM DRIVE HOSPITAL	5159.2	0.030	0.494	0.524	\$ 17,216
50388	SOUTHERN INYO HOSPITAL	4346.0	0.055	0.753	0.808	\$ 14,357
50390	HEMET VALLEY MEDICAL CENTER	5342.1	0.029	0.308	0.337	\$ 15,685
50391	SANTA TERESITA HOSPITAL	5281.0	0.026	0.410	0.436	\$ 16,617
50392	TRINITY HOSPITAL	4730.9	0.015	0.610	0.625	\$ 14,357
50393	DOWNEY COMMUNITY HOSPITAL	5960.7	0.087	0.716	0.803	\$ 16,635
50394	COMM MEM HOSP OF SAN BUENAVENTURA	4498.9	0.026	0.406	0.432	\$ 14,993
50396	SANTA BARBARA COTTAGE HOSPITAL	5094.9	0.022	0.245	0.267	\$ 15,113
50397	COALINGA REGIONAL MEDICAL CENTER	4421.6	0.085	0.483	0.568	\$ 14,607
50401	WASHINGTON MEDICAL CENTER	5057.3	0.042	0.290	0.332	\$ 16,641
50404	BIGGS-GRIDLEY MEMORIAL HOSP.-CARE	4321.4	0.015	0.424	0.439	\$ 14,416
50406	MAYERS MEMORIAL HOSPITAL MCARE RPT	4905.9	0.040	0.524	0.564	\$ 16,208
50407	CHINESE HOSPITAL	5983.1	0.034	0.513	0.547	\$ 18,833
50410	SANGER GENERAL HOSPITAL	4572.4	0.032	0.443	0.475	\$ 14,607
50411	KAISER FOUNDATION HOSPITALS -HARBOR	5104.8	0.039	0.361	0.400	\$ 16,631
50414	MERCY HOSPITAL OF FOLSOM	5033.6	0.072	0.326	0.398	\$ 16,583
50417	SUTTER COAST HOSPITAL	4346.0	0.068	0.439	0.507	\$ 14,357
50419	MERCY MEDICAL CENTER MT. SHASTA	4905.9	0.053	0.517	0.570	\$ 16,206
50420	ROBERT F. KENNEDY MEDICAL CENTER	7318.8	0.036	0.392	0.428	\$ 16,626
50423	PALO VERDE HOSPITAL	5030.7	0.053	0.390	0.443	\$ 15,698
50424	GREEN HOSPITAL OF SCRIPPS CLINIC	5539.0	0.042	0.408	0.450	\$ 16,374
50425	KFH - SACRAMENTO	5398.6	0.039	0.361	0.400	\$ 16,553
50426	WEST ANAHEIM MEDICAL CENTER	5079.2	0.024	0.242	0.266	\$ 15,990
50427	AVALON MUNICIPAL HOSPITAL	5106.9	0.039	0.610	0.649	\$ 16,617
50430	MODOC MEDICAL CENTER	4730.9	0.019	0.557	0.576	\$ 14,357
50432	GARFIELD MEDICAL CTR.	8463.2	0.016	0.361	0.377	\$ 16,611
50433	INDIAN VALLEY HOSPITAL	4346.0	0.020	0.563	0.583	\$ 14,357
50434	COLUSA COMMUNITY HOSPITAL	4730.9	0.039	0.596	0.635	\$ 14,357

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<u>50435</u>	<u>FALLBROOK DISTRICT HOSPITAL</u>	<u>5028.5</u>	<u>0.024</u>	<u>0.374</u>	<u>0.398</u>	<u>\$ 16,362</u>
<u>50438</u>	<u>HUNTINGTON MEMORIAL HOSPITAL</u>	<u>6155.8</u>	<u>0.028</u>	<u>0.332</u>	<u>0.360</u>	<u>\$ 16,624</u>
<u>50440</u>	<u>HOWARD MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.049</u>	<u>0.433</u>	<u>0.482</u>	<u>\$ 14,357</u>
<u>50441</u>	<u>STANFORD UNIVERSITY HOSPITAL</u>	<u>8212.0</u>	<u>0.032</u>	<u>0.327</u>	<u>0.359</u>	<u>\$ 18,195</u>
<u>50443</u>	<u>JOHN C. FREMONT HOSPITAL</u>	<u>4346.0</u>	<u>0.027</u>	<u>0.518</u>	<u>0.545</u>	<u>\$ 14,357</u>
<u>50444</u>	<u>SUTTER MERCED MEDICAL CENTER</u>	<u>6086.4</u>	<u>0.033</u>	<u>0.340</u>	<u>0.373</u>	<u>\$ 14,357</u>
<u>50446</u>	<u>TEHACHAPI VALLEY HOSP. DIST.</u>	<u>4346.0</u>	<u>0.051</u>	<u>0.974</u>	<u>1.025</u>	<u>\$ 14,357</u>
<u>50447</u>	<u>VILLA VIEW COMMUNITY HOSPITAL</u>	<u>7531.8</u>	<u>0.068</u>	<u>0.374</u>	<u>0.442</u>	<u>\$ 16,397</u>
<u>50448</u>	<u>RIDGECREST REGIONAL HOSPITAL</u>	<u>4346.0</u>	<u>0.045</u>	<u>0.442</u>	<u>0.487</u>	<u>\$ 14,357</u>
<u>50449</u>	<u>VALLEY COMMUNITY HOSPITAL</u>	<u>4530.4</u>	<u>0.059</u>	<u>0.240</u>	<u>0.299</u>	<u>\$ 15,110</u>
<u>50454</u>	<u>UC SAN FRANCISCO MEDICAL CENTER</u>	<u>9962.8</u>	<u>0.033</u>	<u>0.324</u>	<u>0.357</u>	<u>\$ 18,838</u>
<u>50455</u>	<u>SAN JOAQUIN COMMUNITY HOSPITAL</u>	<u>5021.5</u>	<u>0.022</u>	<u>0.352</u>	<u>0.374</u>	<u>\$ 14,357</u>
<u>50456</u>	<u>GARDENA PHYSICIANS HOSP. INC.</u>	<u>5057.3</u>	<u>0.048</u>	<u>0.694</u>	<u>0.742</u>	<u>\$ 16,619</u>
<u>50457</u>	<u>ST. MARY MEDICAL CENTER</u>	<u>6681.9</u>	<u>0.033</u>	<u>0.272</u>	<u>0.305</u>	<u>\$ 18,840</u>
<u>50464</u>	<u>DOCTORS MEDICAL CENTER OF MODESTO</u>	<u>5775.5</u>	<u>0.018</u>	<u>0.361</u>	<u>0.379</u>	<u>\$ 14,907</u>
<u>50468</u>	<u>MEMORIAL HOSPITAL OF GARDENA</u>	<u>6576.1</u>	<u>0.022</u>	<u>0.310</u>	<u>0.332</u>	<u>\$ 16,620</u>
<u>50469</u>	<u>COLORADO RIVER MEDICAL CENTER</u>	<u>4817.5</u>	<u>0.022</u>	<u>0.777</u>	<u>0.799</u>	<u>\$ 15,661</u>
<u>50470</u>	<u>SELMA DISTRICT HOSPITAL</u>	<u>4618.3</u>	<u>0.022</u>	<u>0.615</u>	<u>0.637</u>	<u>\$ 14,607</u>
<u>50471</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>6314.2</u>	<u>0.016</u>	<u>0.293</u>	<u>0.309</u>	<u>\$ 16,614</u>
<u>50476</u>	<u>SUTTER LAKESIDE HOSPITAL</u>	<u>4346.0</u>	<u>0.040</u>	<u>0.418</u>	<u>0.458</u>	<u>\$ 14,357</u>
<u>50477</u>	<u>MIDWAY HOSPITAL MEDICAL CENTER</u>	<u>5687.7</u>	<u>0.052</u>	<u>0.234</u>	<u>0.286</u>	<u>\$ 16,661</u>
<u>50478</u>	<u>SANTA YNEZ VALLEY COTTAGE HOSPITAL</u>	<u>4574.9</u>	<u>0.053</u>	<u>0.424</u>	<u>0.477</u>	<u>\$ 15,112</u>
<u>50481</u>	<u>WEST HILLS REG MEDICAL CENTER</u>	<u>5065.2</u>	<u>0.025</u>	<u>0.249</u>	<u>0.274</u>	<u>\$ 16,628</u>
<u>50482</u>	<u>JEROLD PHELPS COMMUNITY HOSPITAL</u>	<u>4730.9</u>	<u>0.029</u>	<u>0.661</u>	<u>0.690</u>	<u>\$ 14,357</u>
<u>50485</u>	<u>LONG BEACH MEMORIAL MEDICAL CENTER</u>	<u>6475.2</u>	<u>0.038</u>	<u>0.401</u>	<u>0.439</u>	<u>\$ 16,627</u>
<u>50488</u>	<u>EDEN MEDICAL CENTER</u>	<u>6177.8</u>	<u>0.026</u>	<u>0.327</u>	<u>0.353</u>	<u>\$ 19,642</u>
<u>50491</u>	<u>SANTA ANA HOSPITAL MEDICAL CENTER</u>	<u>5078.2</u>	<u>0.129</u>	<u>0.371</u>	<u>0.500</u>	<u>\$ 16,056</u>
<u>50492</u>	<u>CLOVIS COMMUNITY HOSPITAL</u>	<u>4663.9</u>	<u>0.087</u>	<u>0.400</u>	<u>0.487</u>	<u>\$ 14,606</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50494</u>	<u>TAHOE FOREST HOSPITAL</u>	<u>4996.6</u>	<u>0.050</u>	<u>0.539</u>	<u>0.589</u>	<u>\$ 16,507</u>
<u>50496</u>	<u>MT. DIABLO MEDICAL CENTER</u>	<u>6186.0</u>	<u>0.032</u>	<u>0.265</u>	<u>0.297</u>	<u>\$ 19,644</u>
<u>50497</u>	<u>DOS PALOS MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$ 14,357</u>
<u>50498</u>	<u>SUTTER AUBURN FAITH HOSPITAL</u>	<u>5033.6</u>	<u>0.026</u>	<u>0.320</u>	<u>0.346</u>	<u>\$ 16,545</u>
<u>50502</u>	<u>ST. VINCENT MEDICAL CENTER</u>	<u>6665.5</u>	<u>0.031</u>	<u>0.297</u>	<u>0.328</u>	<u>\$ 16,630</u>
<u>50503</u>	<u>SCRIPPS MEMORIAL HOSPITAL-ENCINITAS</u>	<u>4979.7</u>	<u>0.031</u>	<u>0.302</u>	<u>0.333</u>	<u>\$ 16,374</u>
<u>50506</u>	<u>SIERRA VISTA REGIONAL MED CTR</u>	<u>4935.5</u>	<u>0.027</u>	<u>0.253</u>	<u>0.280</u>	<u>\$ 15,191</u>
<u>50510</u>	<u>KFH - SAN RAFAEL</u>	<u>5977.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50512</u>	<u>KFH - HAYWARD</u>	<u>6050.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50515</u>	<u>KAISER FOUND. HOSPITALS -SAN DIEGO</u>	<u>5093.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 16,376</u>
<u>50516</u>	<u>MERCY SAN JUAN HOSPITAL</u>	<u>5633.1</u>	<u>0.025</u>	<u>0.243</u>	<u>0.268</u>	<u>\$ 16,551</u>
<u>50517</u>	<u>VICTOR VALLEY COMMUNITY HOSPITAL</u>	<u>5987.7</u>	<u>0.030</u>	<u>0.281</u>	<u>0.311</u>	<u>\$ 15,689</u>
<u>50522</u>	<u>DOCTORS HOSPITAL OF PINOLE</u>	<u>5974.6</u>	<u>0.023</u>	<u>0.261</u>	<u>0.284</u>	<u>\$ 19,642</u>
<u>50523</u>	<u>SUTTER DELTA MEDICAL CENTER</u>	<u>7027.7</u>	<u>0.029</u>	<u>0.303</u>	<u>0.332</u>	<u>\$ 19,643</u>
<u>50526</u>	<u>HUNTINGTON BEACH MEDICAL CENTER</u>	<u>5932.9</u>	<u>0.033</u>	<u>0.248</u>	<u>0.281</u>	<u>\$ 16,001</u>
<u>50528</u>	<u>MEMORIAL HOSPITAL-LOS BANOS</u>	<u>4538.5</u>	<u>0.031</u>	<u>0.292</u>	<u>0.323</u>	<u>\$ 14,357</u>
<u>50531</u>	<u>BELLFLOWER MEDICAL CENTER</u>	<u>7475.7</u>	<u>0.015</u>	<u>0.258</u>	<u>0.273</u>	<u>\$ 16,616</u>
<u>50534</u>	<u>JOHN F. KENNEDY MEMORIAL HOSP.</u>	<u>6752.0</u>	<u>0.025</u>	<u>0.212</u>	<u>0.237</u>	<u>\$ 15,692</u>
<u>50535</u>	<u>COASTAL COMMUNITIES HOSPITAL</u>	<u>7877.0</u>	<u>0.038</u>	<u>0.320</u>	<u>0.358</u>	<u>\$ 15,996</u>
<u>50537</u>	<u>SUTTER DAVIS HOSPITAL</u>	<u>4407.9</u>	<u>0.080</u>	<u>0.284</u>	<u>0.364</u>	<u>\$ 14,703</u>
<u>50539</u>	<u>REDBUD COMMUNITY HOSPITAL</u>	<u>4346.0</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>\$ 14,357</u>
<u>50541</u>	<u>KFH - REDWOOD CITY</u>	<u>5976.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50542</u>	<u>KERN VALLEY HOSPITAL DISTRICT</u>	<u>4346.0</u>	<u>0.083</u>	<u>0.447</u>	<u>0.530</u>	<u>\$ 14,358</u>
<u>50543</u>	<u>COLLEGE HOSPITAL COSTA MESA</u>	<u>7210.1</u>	<u>0.026</u>	<u>0.260</u>	<u>0.286</u>	<u>\$ 15,990</u>
<u>50545</u>	<u>LANTERMAN DEVELOPMENTAL CENTER</u>	<u>5281.0</u>	<u>0.039</u>	<u>0.687</u>	<u>0.726</u>	<u>\$ 16,615</u>
<u>50546</u>	<u>PORTERVILLE DEVELOPMENTAL CENTER</u>	<u>4303.8</u>	<u>0.014</u>	<u>0.365</u>	<u>0.379</u>	<u>\$ 14,357</u>
<u>50547</u>	<u>SONOMA DEVELOPMENTAL CENTER</u>	<u>5387.6</u>	<u>0.039</u>	<u>0.782</u>	<u>0.821</u>	<u>\$ 17,218</u>
<u>50549</u>	<u>LOS ROBLES MEDICAL CENTER</u>	<u>4977.9</u>	<u>0.029</u>	<u>0.389</u>	<u>0.418</u>	<u>\$ 16,586</u>

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Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50550	CHAPMAN MEDICAL CENTER	5626.9	0.040	0.315	0.355	\$ 15,999
50551	LOS ALAMITOS MEDICAL CTR.	4875.4	0.027	0.255	0.282	\$ 15,992
50552	MOTION PICTURE AND TELEVISION FUND	5057.3	0.082	0.946	1.028	\$ 16,624
50557	MEMORIAL HOSPITAL MODESTO	5018.9	0.017	0.211	0.228	\$ 14,907
50559	DANIEL FREEMAN MARINA HOSPITAL	5069.8	0.035	0.291	0.326	\$ 16,634
50561	KAISER FOUND. HOSPITAL - WEST LA	5088.7	0.039	0.361	0.400	\$ 16,631
50564	PACIFICA HOSPITAL	4863.3	0.064	0.446	0.510	\$ 16,004
50566	EASTERN PLUMAS DISTRICT HOSP	4346.0	0.032	0.387	0.419	\$ 14,357
50567	MISSION HOSP REGIONAL MEDICAL CTR	4873.4	0.035	0.274	0.309	\$ 15,999
50568	MADERA COMMUNITY HOSPITAL	5863.2	0.020	0.470	0.490	\$ 14,607
50569	MENDOCINO COAST DISTRICT HOSPITAL	5133.1	0.053	0.598	0.651	\$ 16,958
50570	FOUNTAIN VALLEY REG MEDICAL CENTER	6380.7	0.013	0.273	0.286	\$ 15,973
50571	SUBURBAN MEDICAL CENTER	8142.0	0.038	0.230	0.268	\$ 16,647
50573	EISENHOWER MEMORIAL HOSPITAL	4779.7	0.064	0.328	0.392	\$ 15,716
50575	TRI-CITY REGIONAL MEDICAL CENTER	6475.1	0.039	0.365	0.404	\$ 16,630
50577	SANTA MARTA HOSPITAL	7722.8	0.023	0.458	0.481	\$ 16,613
50578	MARTIN LUTHER KING, JR./DREW MEDICAL	10471.7	0.019	0.338	0.357	\$ 16,615
50579	CENTURY CITY HOSP	5317.2	0.055	0.235	0.290	\$ 16,664
50580	LAPALMA INTERCOMMUNITY HOSPITAL	5889.6	0.033	0.257	0.290	\$ 15,999
50581	LAKEWOOD REGIONAL MED. CTR.	5585.0	0.031	0.250	0.281	\$ 16,635
50583	ALVARADO COMMUNITY HOSPITAL	5628.4	0.035	0.245	0.280	\$ 16,386
50584	US FAMILYCARE MEDICAL CENTER	5954.8	0.043	0.239	0.282	\$ 15,712
50585	SAN CLEMENTE HOSPITAL	4863.3	0.094	0.510	0.604	\$ 16,016
50586	CHINO VALLEY MEDICAL CENTER	5966.5	0.035	0.329	0.364	\$ 15,689
50588	SAN DIMAS COMMUNITY HOSPITAL	5057.3	0.028	0.235	0.263	\$ 16,634
50589	PLACENTIA LINDA COMMUNITY HOSPITAL	4872.5	0.041	0.311	0.352	\$ 16,000
50590	METHODIST HOSPITAL OF SACRAMENTO	6464.5	0.028	0.356	0.384	\$ 16,544
50591	MONTEREY PARK HOSPITAL	7802.9	0.036	0.222	0.258	\$ 16,646

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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50592	BREA COMMUNITY HOSPITAL	4876.0	0.029	0.285	0.314	\$ 15,991
50594	WESTERN MEDICAL CENTER ANAHEIM	6282.6	0.062	0.302	0.364	\$ 16,022
50597	FOOTHILL PRESBYTERIAN HOSPITAL	5389.1	0.031	0.398	0.429	\$ 16,622
50598	MISSION BAY MEMORIAL HOSPITAL	4979.7	0.027	0.352	0.379	\$ 16,366
50599	UC DAVIS MEDICAL CENTER	9301.9	0.039	0.361	0.400	\$ 16,553
50601	TARZANA ENCINO REGIONAL MED CTR	5670.2	0.028	0.361	0.389	\$ 16,622
50603	SADDLEBACK MEMORIAL MEDICAL CENTER	4871.2	0.026	0.387	0.413	\$ 15,979
50604	KFH - SANTA TERESA	5536.5	0.039	0.361	0.400	\$ 18,196
50608	DELANO REGIONAL MEDICAL CNT.	6006.5	0.029	0.266	0.295	\$ 14,357
50609	KAISER FOUNDATION HOSPITALS -ANAHEIM	5468.5	0.039	0.361	0.400	\$ 16,631
50613	SETON COASTSIDE HOSPITAL	5729.5	0.039	0.365	0.404	\$ 18,838
50615	GREATER EL MONTE COMMUNITY HOSPITAL	8024.6	0.048	0.244	0.292	\$ 16,655
50616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	4494.1	0.027	0.347	0.374	\$ 14,992
50618	BEAR VALLEY COMMUNITY HOSPITAL	4817.5	0.042	0.645	0.687	\$ 15,674
50623	HIGH DESERT HOSPITAL	5281.0	0.027	0.486	0.513	\$ 16,615
50624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	5067.0	0.051	0.302	0.353	\$ 16,647
50625	CEDARS-SINAI MEDICAL CENTER	6622.9	0.025	0.275	0.300	\$ 16,626
50630	INLAND VALLEY REGIONAL MEDICAL CENTER	4770.8	0.047	0.358	0.405	\$ 15,697
50633	TWIN CITIES COMMUNITY HOSPITAL	4553.8	0.024	0.235	0.259	\$ 15,191
50636	POMERADO HOSPITAL	4979.7	0.043	0.347	0.390	\$ 16,380
50638	SOUTHERN MONO HEALTH CARE DISTRICT	4346.0	0.098	0.863	0.961	\$ 14,357
50641	EAST LA DOCTOR'S HOSPITAL	7814.3	0.041	0.389	0.430	\$ 16,630
50643	HOSPITAL NAME NOT AVAILABLE	5710.0	0.036	0.606	0.642	\$ 3,953
50644	LOS ANGELES METROPOLITAN MED CNTR	8106.8	0.039	0.234	0.273	\$ 16,647
50662	AGNEWS DEVELOPMENTAL CENTER	5778.9	0.039	0.906	0.945	\$ 18,184
50663	LOS ANGELES COMMUNITY HOSPITAL	8162.8	0.018	0.327	0.345	\$ 16,615
50667	NELSON M. HOLDERMAN	5042.8	0.024	1.182	1.206	\$ 16,833
50668	LAGUNA HONDA HOSPITAL	5729.5	0.022	0.998	1.020	\$ 18,826

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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50670	NORTH COAST HEALTH CARE CENTERS	5159.2	0.058	0.371	0.429	\$ 17,201
50674	KFH - SOUTH SACRAMENTO	5474.7	0.039	0.361	0.400	\$ 16,553
50676	SURPRISE VALLEY COMM HOSPITAL	4346.0	0.062	0.804	0.866	\$ 14,357
50677	KAISER FOUND. HOSP. - WOODLAND HILLS	5392.0	0.039	0.361	0.400	\$ 16,631
50678	ORANGE COAST MEMORIAL MEDICAL CENTER	4867.4	0.033	0.452	0.485	\$ 15,981
50680	VACAVALLEY HOSPITAL	5042.8	0.034	0.218	0.252	\$ 16,815
50682	KINGSBURG MEDICAL CENTER	4572.4	0.086	0.361	0.447	\$ 14,606
50684	MENIFEE VALLEY MEDICAL CENTER	4770.8	0.048	0.265	0.313	\$ 15,712
50685	SOUTH VALLEY HOSPITAL	5534.0	0.027	0.427	0.454	\$ 18,188
50686	KAISER FOUND. HOSPITALS - RIVERSIDE	5140.1	0.039	0.361	0.400	\$ 15,993
50688	SAINT LOUISE HOSPITAL	5534.0	0.089	0.417	0.506	\$ 18,214
50689	SAN RAMON REG. MEDICAL CENTER	5981.9	0.087	0.308	0.395	\$ 19,651
50690	KFH - SANTA ROSA	5161.2	0.039	0.361	0.400	\$ 17,208
50693	IRVINE MEDICAL CENTER	5021.5	0.129	0.300	0.429	\$ 16,073
50694	MORENO VALLEY COMMUNITY HOSPITAL	4981.7	0.063	0.278	0.341	\$ 15,725
50695	ST. DOMINIC'S HOSPITAL	4540.3	0.072	0.380	0.452	\$ 15,144
50696	USC UNIVERSITY HOSPITAL	6232.7	0.071	0.278	0.349	\$ 16,669
50697	PATIENT'S HOSPITAL OF REDDING	4858.2	0.076	0.486	0.562	\$ 16,202
50699	REDDING SPECIALTY HOSPITAL	4858.2	0.060	0.533	0.593	\$ 16,205
50701	SHARP HEALTHCARE MURRIETA	4979.7	0.045	0.370	0.415	\$ 16,380
50704	MISSION COMMUNITY HOSPITAL	7949.1	0.030	0.369	0.399	\$ 16,623
50707	RECOVERY INN OF MENLO PARK	5729.5	0.113	0.749	0.862	\$ 18,844
50708	FRESNO SURGERY CENTER	4378.7	0.100	0.498	0.598	\$ 14,607
50709	DESERT VALLEY HOSPITAL	4770.8	0.057	0.312	0.369	\$ 15,712
50710	KFH - FRESNO	4379.7	0.036	0.361	0.397	\$ 14,607
50713	LINCOLN HOSPITAL MEDICAL CENTER	5281.0	0.036	0.491	0.527	\$ 16,621
50714	SUTTER MATERNITY & SURGERY CENTER	5726.4	0.039	0.776	0.815	\$ 19,120
50717	RANCHO LOS AMIGOS NATL. REHAB. CTR.	7608.2	0.040	0.405	0.445	\$ 16,628

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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50718</u>	<u>VALLEY PLAZA DOCTORS HOSPITAL</u>	<u>4981.7</u>	<u>0.036</u>	<u>0.361</u>	<u>0.397</u>	<u>\$ 15,687</u>
<u>50719</u>	<u>THE HEART HOSPITAL</u>	<u>4770.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$ 15,689</u>
<u>50720</u>	<u>TUSTIN HOSPITAL & MEDICAL CENTER</u>	<u>5078.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 15,993</u>
<u>50721</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.036</u>	<u>0.382</u>	<u>0.418</u>	<u>\$ 16,627</u>
<u>50722</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>4979.7</u>	<u>0.036</u>	<u>0.365</u>	<u>0.401</u>	<u>\$ 16,373</u>
<u>50723</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.036</u>	<u>0.365</u>	<u>0.401</u>	<u>\$ 16,628</u>

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50002	ST. ROSE HOSPITAL	7626.1	0.018	0.372	0.390	\$ 19,640
50006	ST. JOSEPH HOSPITAL, EUREKA	4303.8	0.036	0.359	0.395	\$ 14,357
50007	MILLS PENINSULA MEDICAL CENTER	5732.9	0.035	0.364	0.399	\$ 18,837
50008	DAVIES MEDICAL CENTER	6366.3	0.039	0.317	0.356	\$ 18,840
50009	QUEEN OF THE VALLEY	5214.8	0.041	0.357	0.398	\$ 16,820
50013	ST. HELENA HOSPITAL	5286.9	0.024	0.430	0.454	\$ 16,828
50014	SUTTER AMADOR HOSPITAL	4303.8	0.020	0.353	0.373	\$ 14,357
50015	NORTHERN INYO HOSPITAL	4346.0	0.028	0.701	0.729	\$ 14,357
50016	ARROYO GRANDE COMMUNITY HOSPITAL	4553.8	0.108	0.394	0.502	\$ 15,187
50017	MERCY GENERAL HOSPITAL	5765.8	0.022	0.241	0.263	\$ 16,548
50018	PACIFIC ALLIANCE MEDICAL CNTR.	8999.4	0.043	0.393	0.436	\$ 16,631
50022	RIVERSIDE COMMUNITY	5171.4	0.044	0.337	0.381	\$ 15,697
50024	PARADISE VALLEY HOSPITAL	7440.0	0.024	0.360	0.384	\$ 16,363
50025	UCSD MEDICAL CENTER	8430.0	0.057	0.321	0.378	\$ 16,395
50026	GROSSMONT HOSPITAL	5834.5	0.043	0.318	0.361	\$ 16,384
50028	MAD RIVER COMMUNITY HOSPITAL	4303.8	0.026	0.418	0.444	\$ 14,357
50029	ST. LUKE MEDICAL CENTER	6514.7	0.031	0.238	0.269	\$ 16,637
50030	OROVILLE HOSPITAL	5185.6	0.048	0.495	0.543	\$ 14,416
50032	WARRACK HOSPITAL	5159.2	0.033	0.500	0.533	\$ 17,216
50033	MOUNT ZION MEDICAL CENTER OF UCSF	8623.8	0.042	0.407	0.449	\$ 18,838
50036	MEMORIAL HOSPITAL	4314.7	0.055	0.358	0.413	\$ 14,357
50038	SANTA CLARA VALLEY MEDICAL CENTER	9378.9	0.045	0.538	0.583	\$ 18,192
50039	ENLOE MEDICAL CENTER	4630.0	0.026	0.434	0.460	\$ 14,416
50040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	10003.1	0.033	0.329	0.362	\$ 16,628
50042	ST. ELIZABETH COMMUNITY HOSPITAL	4346.0	0.030	0.413	0.443	\$ 14,357
50043	SUMMIT MEDICAL CENTER	7556.7	0.016	0.340	0.356	\$ 19,640
50045	EL CENTRO REGIONAL MED. CTR.	5940.4	0.021	0.357	0.378	\$ 14,381
50046	OJAI VALLEY COMMUNITY HOSPITAL	4494.1	0.059	0.675	0.734	\$ 14,992

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50047</u>	<u>CALIFORNIA PACIFIC MEDICAL CENTER</u>	<u>7124.8</u>	<u>0.029</u>	<u>0.373</u>	<u>0.402</u>	<u>\$ 18,834</u>
<u>50051</u>	<u>ALTA DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.586</u>	<u>0.622</u>	<u>\$ 14,357</u>
<u>50054</u>	<u>SAN GORGONIO MEMORIAL HOSPITAL</u>	<u>4981.7</u>	<u>0.024</u>	<u>0.330</u>	<u>0.354</u>	<u>\$ 15,677</u>
<u>50055</u>	<u>ST. LUKES HOSPITAL</u>	<u>8503.5</u>	<u>0.026</u>	<u>0.360</u>	<u>0.386</u>	<u>\$ 18,834</u>
<u>50056</u>	<u>ANTELOPE VALLEY HOSPITAL</u>	<u>6281.4</u>	<u>0.043</u>	<u>0.313</u>	<u>0.356</u>	<u>\$ 16,639</u>
<u>50057</u>	<u>KAWEAH DELTA HEALTH CARE DISTRICT</u>	<u>5269.1</u>	<u>0.031</u>	<u>0.430</u>	<u>0.461</u>	<u>\$ 14,357</u>
<u>50058</u>	<u>GLENDALE MEMORIAL HOSPITAL & HLTH CT</u>	<u>7144.1</u>	<u>0.031</u>	<u>0.278</u>	<u>0.309</u>	<u>\$ 16,632</u>
<u>50060</u>	<u>FRESNO COMMUNITY HOSP & MED CENTER</u>	<u>5731.0</u>	<u>0.029</u>	<u>0.337</u>	<u>0.366</u>	<u>\$ 14,607</u>
<u>50061</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>4530.4</u>	<u>0.057</u>	<u>0.356</u>	<u>0.413</u>	<u>\$ 15,112</u>
<u>50063</u>	<u>QUEEN OF ANGELS - HLLYWD PRES MC</u>	<u>8430.2</u>	<u>0.033</u>	<u>0.296</u>	<u>0.329</u>	<u>\$ 16,632</u>
<u>50065</u>	<u>WMC SANTA ANA</u>	<u>7039.7</u>	<u>0.057</u>	<u>0.314</u>	<u>0.371</u>	<u>\$ 16,015</u>
<u>50066</u>	<u>BAY HARBOR HOSPITAL</u>	<u>5818.7</u>	<u>0.016</u>	<u>0.302</u>	<u>0.318</u>	<u>\$ 16,614</u>
<u>50067</u>	<u>OAK VALLEY DISTRICT HOSPITAL</u>	<u>4468.6</u>	<u>0.029</u>	<u>0.359</u>	<u>0.388</u>	<u>\$ 14,907</u>
<u>50068</u>	<u>LINDSAY DISTRICT HOSPITAL</u>	<u>4494.2</u>	<u>0.014</u>	<u>0.487</u>	<u>0.501</u>	<u>\$ 14,357</u>
<u>50069</u>	<u>ST. JOSEPH HOSPITAL</u>	<u>5069.0</u>	<u>0.029</u>	<u>0.284</u>	<u>0.313</u>	<u>\$ 16,629</u>
<u>50070</u>	<u>KFH- SSF</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 18,838</u>
<u>50071</u>	<u>KFH - SANTA CLARA</u>	<u>7040.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50072</u>	<u>KFH - WALNUT CREEK</u>	<u>6149.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50073</u>	<u>KFH - VALLEJO</u>	<u>5946.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,587</u>
<u>50075</u>	<u>KFH - OAKLAND</u>	<u>7131.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50076</u>	<u>KFH - SAN FRANCISCO</u>	<u>7132.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50077</u>	<u>MERCY HOSPITAL</u>	<u>6346.8</u>	<u>0.034</u>	<u>0.300</u>	<u>0.334</u>	<u>\$ 16,377</u>
<u>50078</u>	<u>SAN PEDRO PENINSULA</u>	<u>5498.4</u>	<u>0.028</u>	<u>0.268</u>	<u>0.296</u>	<u>\$ 16,630</u>
<u>50079</u>	<u>DOCTORS MEDICAL CENTER-SAN PABLO</u>	<u>7288.6</u>	<u>0.021</u>	<u>0.289</u>	<u>0.310</u>	<u>\$ 19,641</u>
<u>50082</u>	<u>ST. JOHN'S REGIONAL MEDICAL CENTER</u>	<u>5247.3</u>	<u>0.074</u>	<u>0.343</u>	<u>0.417</u>	<u>\$ 14,990</u>
<u>50084</u>	<u>ST. JOSEPH'S MEDICAL CENTER</u>	<u>5020.2</u>	<u>0.022</u>	<u>0.260</u>	<u>0.282</u>	<u>\$ 15,146</u>
<u>50088</u>	<u>SAN LUIS OBISPO GENERAL HOSPITAL</u>	<u>4755.3</u>	<u>0.025</u>	<u>0.735</u>	<u>0.760</u>	<u>\$ 15,193</u>
<u>50089</u>	<u>COMMUNITY HOSPITAL OF SAN BERNARDINO</u>	<u>7291.2</u>	<u>0.046</u>	<u>0.315</u>	<u>0.361</u>	<u>\$ 15,701</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50090	SONOMA VALLEY HEALTH CARE DIST.	5159.2	0.055	0.437	0.492	\$ 17,206
50091	COMMUNITY HOSPITALS OF HUNTINGTON PK	9079.1	0.032	0.277	0.309	\$ 16,633
50092	GLENN MEDICAL CENTER	4730.9	0.050	0.747	0.797	\$ 14,357
50093	SAINT AGNES MEDICAL CENTER	4603.7	0.043	0.353	0.396	\$ 14,607
50096	DR'S HOSPITAL OF WEST COVINA	5406.7	0.039	0.304	0.343	\$ 16,636
50097	GENERAL HOSPITAL	4303.8	0.033	0.367	0.400	\$ 14,357
50099	SAN ANTONIO COMMUNITY HOSPITAL	5661.2	0.031	0.293	0.324	\$ 15,688
50100	SHARP MEMORIAL HOSPITAL	5783.9	0.041	0.359	0.400	\$ 16,377
50101	SUTTER SOLANO MEDICAL CENTER	6430.3	0.025	0.290	0.315	\$ 16,823
50102	PARKVIEW COMMUNITY HOSPITAL	5928.8	0.024	0.340	0.364	\$ 15,676
50103	WHITE MEMORIAL MEDICAL CENTER	8308.7	0.044	0.335	0.379	\$ 16,637
50104	ST. FRANCIS MEDICAL CENTER	7922.8	0.022	0.271	0.293	\$ 16,623
50107	MARIAN MEDICAL CENTER	5215.2	0.058	0.378	0.436	\$ 15,112
50108	SUTTER COMMUNITY HOSPITAL	5789.3	0.036	0.278	0.314	\$ 16,559
50110	LOMPOC DISTRICT HOSPITAL	4530.4	0.042	0.436	0.478	\$ 15,113
50111	TEMPLE COMMUNITY HOSPITAL	7509.1	0.016	0.285	0.301	\$ 16,615
50112	SANTA MONICA HOSPITAL	5570.3	0.039	0.355	0.394	\$ 16,631
50113	SAN MATEO COUNTY GENERAL HOSPITAL	6178.8	0.028	0.886	0.914	\$ 18,828
50114	SHERMAN OAKS HOSP AND HLTH CENTER	5268.7	0.047	0.430	0.477	\$ 16,631
50115	PALOMAR MEDICAL CENTER	5573.1	0.044	0.342	0.386	\$ 16,382
50116	NORTHRIDGE HOSPITAL MEDICAL CENTER	5974.7	0.029	0.275	0.304	\$ 16,630
50117	MERCY HOSPITAL & HEALTH SYSTEM	4954.2	0.021	0.308	0.329	\$ 14,357
50118	DOCTORS HOSPITAL OF MANTECA	4540.3	0.029	0.225	0.254	\$ 15,145
50121	HANFORD COMMUNITY MEDICAL CENTER	4303.8	0.021	0.391	0.412	\$ 14,357
50122	DAMERON HOSPITAL	5554.0	0.015	0.280	0.295	\$ 15,147
50124	VERDUGO HILLS HOSPITAL	5057.3	0.053	0.310	0.363	\$ 16,648
50125	ALEXIAN BROS. HOSPITAL	7865.2	0.032	0.280	0.312	\$ 18,198
50126	VALLEY PRESBYTERIAN HOSPITAL	6606.0	0.047	0.312	0.359	\$ 16,643

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50127	WOODLAND MEMORIAL HOSPITAL	4896.1	0.046	0.476	0.522	\$ 14,704
50128	TRI-CITY MEDICAL CENTER	5188.6	0.043	0.309	0.352	\$ 16,385
50129	ST. BERNARDINE MEDICAL CENTER	6071.7	0.072	0.392	0.464	\$ 15,713
50131	NOVATO COMMUNITY HOSPITAL	5729.5	0.026	0.464	0.490	\$ 18,831
50132	SAN GABRIEL VALLEY MEDICAL CENTER	5928.3	0.038	0.251	0.289	\$ 16,643
50133	RIDEOUT MEMORIAL HOSPITAL	5334.9	0.044	0.443	0.487	\$ 15,225
50135	HOLLYWOOD COMM. HOSP OF HOLLYWOOD	6497.7	0.027	0.377	0.404	\$ 16,620
50136	PETALUMA VALLEY HOSPITAL	5159.2	0.036	0.489	0.525	\$ 17,214
50137	KAISER FOUNDATION HOSPITALS-PANORAMA	5088.3	0.039	0.361	0.400	\$ 16,631
50138	KAISER FOUNDATION HOSPITALS - SUNSET	5938.5	0.039	0.361	0.400	\$ 16,631
50139	KAISER FOUND. HOSPITALS - BELLFLOWER	5118.5	0.039	0.361	0.400	\$ 16,631
50140	KAISER FOUND. HOSPITALS - FONTANA	5082.3	0.039	0.361	0.400	\$ 15,689
50144	BROTMAN MEDICAL CENTER	6207.8	0.050	0.318	0.368	\$ 16,644
50145	COMMUNITY HOSP. MONTEREY PENINSULA	5869.7	0.032	0.463	0.495	\$ 19,113
50148	PLUMAS DISTRICT HOSPITAL MCARE RPT	4346.0	0.034	0.466	0.500	\$ 14,357
50149	CALIFORNIA HOSPITAL MEDICAL CENTER	8562.6	0.035	0.353	0.388	\$ 16,628
50150	SIERRA NEVADA MEMORIAL HOSPITAL	4948.0	0.073	0.459	0.532	\$ 16,500
50152	SAINT FRANCIS MEMORIAL HOSPITAL	7135.7	0.032	0.292	0.324	\$ 18,839
50153	O'CONNOR HOSPITAL	5991.8	0.036	0.363	0.399	\$ 18,195
50155	MONROVIA COMMUNITY HOSPITAL	5408.9	0.039	0.314	0.353	\$ 16,635
50158	ENCINO-TARZANA REG MED CENTER	5071.9	0.038	0.361	0.399	\$ 16,630
50159	VENTURA COUNTY MEDICAL CENTER	7638.6	0.024	0.504	0.528	\$ 14,993
50167	SAN JOAQUIN GENERAL HOSPITAL	7581.0	0.048	0.451	0.499	\$ 15,146
50168	ST. JUDE MEDICAL CENTER	4875.0	0.022	0.282	0.304	\$ 15,983
50169	PRESBYTERIAN INTERCOMMUNITY	5662.7	0.041	0.290	0.331	\$ 16,640
50170	LONG BEACH COMMUNITY MEDICAL CENTER	5651.6	0.032	0.333	0.365	\$ 16,627
50172	REDWOOD MEMORIAL HOSPITAL	4303.8	0.036	0.428	0.464	\$ 14,357
50173	ANAHEIM GENERAL HOSPITAL	6486.4	0.013	0.275	0.288	\$ 15,972

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<u>50174</u>	<u>SANTA ROSA MEMORIAL HOSPITAL</u>	<u>5179.2</u>	<u>0.039</u>	<u>0.462</u>	<u>0.501</u>	<u>\$ 17,212</u>
<u>50175</u>	<u>WHITTIER HOSPITAL MEDICAL CENTER</u>	<u>6697.3</u>	<u>0.039</u>	<u>0.291</u>	<u>0.330</u>	<u>\$ 16,638</u>
<u>50177</u>	<u>SANTA PAULA MEMORIAL HOSPITAL</u>	<u>4693.0</u>	<u>0.028</u>	<u>0.546</u>	<u>0.574</u>	<u>\$ 14,993</u>
<u>50179</u>	<u>EMANUEL MEDICAL CENTER</u>	<u>5133.3</u>	<u>0.038</u>	<u>0.353</u>	<u>0.391</u>	<u>\$ 14,907</u>
<u>50180</u>	<u>JOHN MUIR MEDICAL CENTER</u>	<u>5985.2</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>\$ 19,644</u>
<u>50186</u>	<u>SCRIPPS HOSPITAL - EAST COUNTY</u>	<u>5747.0</u>	<u>0.051</u>	<u>0.370</u>	<u>0.421</u>	<u>\$ 16,384</u>
<u>50188</u>	<u>COMM HOSP.& REHAB- LOS GATOS</u>	<u>5534.0</u>	<u>0.045</u>	<u>0.253</u>	<u>0.298</u>	<u>\$ 18,209</u>
<u>50189</u>	<u>GEORGE L. MEE MEMORIAL HOSPITAL</u>	<u>6039.3</u>	<u>0.036</u>	<u>0.493</u>	<u>0.529</u>	<u>\$ 19,112</u>
<u>50191</u>	<u>ST MARY MEDICAL CENTER</u>	<u>7071.6</u>	<u>0.039</u>	<u>0.255</u>	<u>0.294</u>	<u>\$ 16,643</u>
<u>50192</u>	<u>SIERRA KINGS DISTRICT HOSPITAL</u>	<u>4572.4</u>	<u>0.038</u>	<u>0.520</u>	<u>0.558</u>	<u>\$ 14,607</u>
<u>50193</u>	<u>SOUTH COAST MEDICAL CENTER</u>	<u>4867.8</u>	<u>0.027</u>	<u>0.268</u>	<u>0.295</u>	<u>\$ 15,991</u>
<u>50194</u>	<u>WATSONVILLE COMMUNITY HOSPITAL</u>	<u>6816.0</u>	<u>0.030</u>	<u>0.387</u>	<u>0.417</u>	<u>\$ 18,694</u>
<u>50195</u>	<u>WASHINGTON HOSPITAL DISTRICT</u>	<u>6805.6</u>	<u>0.024</u>	<u>0.336</u>	<u>0.360</u>	<u>\$ 19,641</u>
<u>50196</u>	<u>CENTRAL VALLEY GENERAL HOSP</u>	<u>4456.1</u>	<u>0.021</u>	<u>0.382</u>	<u>0.403</u>	<u>\$ 14,357</u>
<u>50197</u>	<u>SEQUOIA HEALTH SERVICES</u>	<u>5739.1</u>	<u>0.030</u>	<u>0.449</u>	<u>0.479</u>	<u>\$ 18,833</u>
<u>50204</u>	<u>LANCASTER HOSPITAL</u>	<u>5201.4</u>	<u>0.022</u>	<u>0.251</u>	<u>0.273</u>	<u>\$ 16,625</u>
<u>50205</u>	<u>HUNTINGTON EAST VALLEY HOSPITAL</u>	<u>7228.2</u>	<u>0.044</u>	<u>0.419</u>	<u>0.463</u>	<u>\$ 16,630</u>
<u>50207</u>	<u>FREMONT MEDICAL CENTER</u>	<u>5423.3</u>	<u>0.030</u>	<u>0.494</u>	<u>0.524</u>	<u>\$ 15,226</u>
<u>50211</u>	<u>ALAMEDA HOSPITAL</u>	<u>6385.2</u>	<u>0.014</u>	<u>0.250</u>	<u>0.264</u>	<u>\$ 19,641</u>
<u>50213</u>	<u>UNIVERSITY MEDICAL CENTER</u>	<u>7604.5</u>	<u>0.021</u>	<u>0.439</u>	<u>0.460</u>	<u>\$ 14,607</u>
<u>50214</u>	<u>GRANADA HILLS COMMUNITY HOSPITAL</u>	<u>6473.8</u>	<u>0.022</u>	<u>0.303</u>	<u>0.325</u>	<u>\$ 16,620</u>
<u>50215</u>	<u>SAN JOSE MEDICAL CENTER</u>	<u>7139.9</u>	<u>0.130</u>	<u>0.425</u>	<u>0.555</u>	<u>\$ 18,227</u>
<u>50217</u>	<u>FAIRCHILD MEDICAL CENTER</u>	<u>4346.0</u>	<u>0.045</u>	<u>0.616</u>	<u>0.661</u>	<u>\$ 14,357</u>
<u>50219</u>	<u>COAST PLAZA DOCTORS HOSPITAL</u>	<u>6698.9</u>	<u>0.023</u>	<u>0.288</u>	<u>0.311</u>	<u>\$ 16,622</u>
<u>50222</u>	<u>SHARP CHULA VISTA MEDICAL CTR</u>	<u>6376.7</u>	<u>0.044</u>	<u>0.326</u>	<u>0.370</u>	<u>\$ 16,384</u>
<u>50224</u>	<u>HOAG MEMORIAL HOSPITAL PRESBYTERIAN</u>	<u>4869.0</u>	<u>0.036</u>	<u>0.380</u>	<u>0.416</u>	<u>\$ 15,989</u>
<u>50225</u>	<u>FEATHER RIVER HOSPITAL</u>	<u>4510.5</u>	<u>0.047</u>	<u>0.450</u>	<u>0.497</u>	<u>\$ 14,416</u>
<u>50226</u>	<u>ANAHEIM MEMORIAL MEDICAL CENTER</u>	<u>5034.2</u>	<u>0.052</u>	<u>0.299</u>	<u>0.351</u>	<u>\$ 16,013</u>

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50228	SAN FRANCISCO GENERAL HOSPITAL	10776.1	0.016	0.535	0.551	\$ 18,827
50230	GARDEN GROVE MEDICAL CENTER	6972.4	0.029	0.262	0.291	\$ 15,994
50231	POMONA VALLEY HOSPITAL MED CTR	6615.4	0.024	0.264	0.288	\$ 16,626
50232	FRENCH HOSPITAL MEDICAL CENTER	4562.2	0.033	0.262	0.295	\$ 15,190
50234	SHARP CORONADO HOSPITAL	4979.7	0.035	0.464	0.499	\$ 16,365
50235	PROVIDENCE SAINT JOSEPH MED CTR	5361.5	0.046	0.403	0.449	\$ 16,632
50236	SIMI VALLEY HOSPITAL	5177.0	0.036	0.326	0.362	\$ 16,582
50238	METHODIST HOSPITAL OF SOUTHERN CA	5065.0	0.042	0.353	0.395	\$ 16,634
50239	GLENDALE ADVENTIST MEDICAL CENTER	7355.8	0.052	0.607	0.659	\$ 16,624
50240	CENTINELA HOSPITAL MEDICAL CENTER	6795.9	0.049	0.298	0.347	\$ 16,646
50242	DOMINICAN SANTA CRUZ HOSPITAL	6176.1	0.034	0.331	0.365	\$ 18,686
50243	DESERT HOSPITAL	5437.4	0.044	0.260	0.304	\$ 15,708
50245	ARROWHEAD REGIONAL MEDICAL CENTER	8153.0	0.015	0.476	0.491	\$ 15,662
50248	NATIVIDAD MEDICAL CENTER	8830.3	0.016	0.393	0.409	\$ 19,124
50251	LASSEN COMMUNITY HOSPITAL	4730.9	0.039	0.476	0.515	\$ 14,357
50253	LINCOLN LLC	6066.4	0.028	0.301	0.329	\$ 15,988
50254	MARSHALL HOSPITAL	5033.6	0.085	0.431	0.516	\$ 16,577
50256	ORTHOPAEDIC HOSPITAL	6853.0	0.046	0.447	0.493	\$ 16,629
50257	GOOD SAMARITAN HOSPITAL	4494.2	0.080	0.320	0.400	\$ 14,358
50260	MOUNTAINS COMMUNITY HOSPITAL	4770.8	0.042	0.460	0.502	\$ 15,684
50261	SIERRA VIEW DISTRICT HOSPITAL	5092.2	0.064	0.390	0.454	\$ 14,357
50262	UCLA MEDICAL CENTER	7975.2	0.039	0.387	0.426	\$ 16,629
50264	SAN LEANDRO HOSPITAL	5974.6	0.039	0.337	0.376	\$ 19,644
50267	DANIEL FREEMAN MEMORIAL HOSP	6571.3	0.023	0.248	0.271	\$ 16,626
50270	SMH - CHULA VISTA	6795.5	0.036	0.305	0.341	\$ 16,379
50272	REDLANDS COMMUNITY HOSPITAL	4783.7	0.035	0.292	0.327	\$ 15,693
50276	CONTRA COSTA REGIONAL MEDICAL CNTR	9454.0	0.017	0.666	0.683	\$ 19,639
50277	PACIFIC HOSPITAL OF LONG BEACH	7263.8	0.024	0.387	0.411	\$ 16,617

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50278</u>	<u>PROVIDENCE HOLY CROSS MEDICAL CENTER</u>	<u>5769.4</u>	<u>0.039</u>	<u>0.282</u>	<u>0.321</u>	<u>\$ 16,639</u>
<u>50279</u>	<u>HI - DESERT MEDICAL CENTER</u>	<u>4817.5</u>	<u>0.054</u>	<u>0.491</u>	<u>0.545</u>	<u>\$ 15,690</u>
<u>50280</u>	<u>MERCY MEDICAL CENTER</u>	<u>5635.0</u>	<u>0.029</u>	<u>0.296</u>	<u>0.325</u>	<u>\$ 16,206</u>
<u>50281</u>	<u>ALHAMBRA HOSPITAL</u>	<u>7401.6</u>	<u>0.039</u>	<u>0.320</u>	<u>0.359</u>	<u>\$ 16,635</u>
<u>50282</u>	<u>MARTIN LUTHER HOSPITAL</u>	<u>5945.2</u>	<u>0.038</u>	<u>0.321</u>	<u>0.359</u>	<u>\$ 15,996</u>
<u>50283</u>	<u>VALLEY MEMORIAL HOSPITAL</u>	<u>5974.6</u>	<u>0.035</u>	<u>0.269</u>	<u>0.304</u>	<u>\$ 19,644</u>
<u>50289</u>	<u>SETON MEDICAL CENTER</u>	<u>6749.3</u>	<u>0.036</u>	<u>0.357</u>	<u>0.393</u>	<u>\$ 18,837</u>
<u>50290</u>	<u>SAINT JOHN'S HOSPITAL</u>	<u>5063.8</u>	<u>0.027</u>	<u>0.307</u>	<u>0.334</u>	<u>\$ 16,625</u>
<u>50291</u>	<u>SUTTER COMMUNITY HOSPITAL SANTA ROSA</u>	<u>8312.9</u>	<u>0.039</u>	<u>0.499</u>	<u>0.538</u>	<u>\$ 17,213</u>
<u>50292</u>	<u>RIVERSIDE COUNTY REGIONAL MED CENTER</u>	<u>7310.5</u>	<u>0.018</u>	<u>0.480</u>	<u>0.498</u>	<u>\$ 15,664</u>
<u>50293</u>	<u>PACIFIC COAST HOSPITAL</u>	<u>7084.4</u>	<u>0.112</u>	<u>0.835</u>	<u>0.947</u>	<u>\$ 18,842</u>
<u>50295</u>	<u>MERCY HOSPITAL</u>	<u>4464.2</u>	<u>0.055</u>	<u>0.314</u>	<u>0.369</u>	<u>\$ 14,358</u>
<u>50296</u>	<u>HAZEL HAWKINS MEM. HOSPITAL</u>	<u>5541.7</u>	<u>0.036</u>	<u>0.442</u>	<u>0.478</u>	<u>\$ 18,491</u>
<u>50298</u>	<u>BARSTOW COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.036</u>	<u>0.282</u>	<u>0.318</u>	<u>\$ 15,696</u>
<u>50299</u>	<u>NHMC-SHERMAN WAY CAMPUS</u>	<u>7150.0</u>	<u>0.042</u>	<u>0.351</u>	<u>0.393</u>	<u>\$ 16,634</u>
<u>50300</u>	<u>ST. MARY REGIONAL</u>	<u>5606.9</u>	<u>0.040</u>	<u>0.325</u>	<u>0.365</u>	<u>\$ 15,694</u>
<u>50301</u>	<u>UKIAH VALLEY MEDICAL CENTER</u>	<u>5263.3</u>	<u>0.034</u>	<u>0.486</u>	<u>0.520</u>	<u>\$ 16,961</u>
<u>50305</u>	<u>ALTA BATES MEDICAL CENTER</u>	<u>7233.9</u>	<u>0.028</u>	<u>0.278</u>	<u>0.306</u>	<u>\$ 19,643</u>
<u>50308</u>	<u>EL CAMINO HOSPITAL</u>	<u>5542.8</u>	<u>0.031</u>	<u>0.335</u>	<u>0.366</u>	<u>\$ 18,194</u>
<u>50309</u>	<u>SUTTER ROSEVILLE MEDICAL CENTER</u>	<u>5237.1</u>	<u>0.035</u>	<u>0.287</u>	<u>0.322</u>	<u>\$ 16,557</u>
<u>50312</u>	<u>REDDING MEDICAL CENTER</u>	<u>5071.6</u>	<u>0.015</u>	<u>0.361</u>	<u>0.376</u>	<u>\$ 16,211</u>
<u>50313</u>	<u>SUTTER TRACY COMMUNITY HOSPITAL</u>	<u>4540.3</u>	<u>0.058</u>	<u>0.301</u>	<u>0.359</u>	<u>\$ 15,144</u>
<u>50315</u>	<u>KERN MEDICAL CENTER</u>	<u>7908.4</u>	<u>0.030</u>	<u>0.574</u>	<u>0.604</u>	<u>\$ 14,357</u>
<u>50320</u>	<u>ALAMEDA COUNTY MEDICAL CENTER</u>	<u>10196.1</u>	<u>0.017</u>	<u>0.608</u>	<u>0.625</u>	<u>\$ 19,639</u>
<u>50324</u>	<u>SCRIPPS MEMORIAL HOSPITAL - LA JOLLA</u>	<u>4990.5</u>	<u>0.034</u>	<u>0.280</u>	<u>0.314</u>	<u>\$ 16,380</u>
<u>50325</u>	<u>TUOLUMNE GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.022</u>	<u>0.419</u>	<u>0.441</u>	<u>\$ 14,357</u>
<u>50327</u>	<u>LOMA LINDA UNIVERSITY MEDICAL CTR.</u>	<u>7076.6</u>	<u>0.036</u>	<u>0.289</u>	<u>0.325</u>	<u>\$ 15,695</u>
<u>50329</u>	<u>CORONA REGIONAL MEDICAL CENTER</u>	<u>5574.6</u>	<u>0.028</u>	<u>0.274</u>	<u>0.302</u>	<u>\$ 15,687</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50331	HEALDSBURG GENERAL HOSPITAL	5159.2	0.024	0.459	0.483	\$ 17,218
50333	SENECA DISTRICT HOSPITAL	4346.0	0.021	0.532	0.553	\$ 14,357
50334	SALINAS VALLEY MEMORIAL HOSPITAL	6197.3	0.023	0.442	0.465	\$ 19,120
50335	SONORA COMMUNITY HOSPITAL	4303.8	0.039	0.460	0.499	\$ 14,357
50336	LODI MEMORIAL HOSPITAL	4748.4	0.030	0.312	0.342	\$ 15,146
50337	DESERT PALMS COMMUNITY HOSPITAL	5057.3	0.042	0.394	0.436	\$ 16,630
50342	PIONEERS MEM. HOSPITAL	4456.1	0.033	0.426	0.459	\$ 14,357
50345	HOSPITAL NAME NOT AVAILABLE	4781.9	0.051	0.497	0.548	\$ 15,687
50348	UCI MEDICAL CENTER	8187.6	0.027	0.322	0.349	\$ 15,985
50349	CORCORAN DISTRICT HOSPITAL	4456.1	0.030	0.429	0.459	\$ 14,357
50350	BEVERLY COMMUNITY HOSPITAL	6431.8	0.023	0.305	0.328	\$ 16,621
50351	TORRANCE MEMORIAL MEDICAL CENTER	5063.4	0.031	0.323	0.354	\$ 16,627
50352	BARTON MEMORIAL HOSPITAL	5083.0	0.070	0.516	0.586	\$ 16,561
50353	LITTLE COMPANY OF MARY HOSPITAL	5067.1	0.033	0.295	0.328	\$ 16,632
50355	SIERRA VALLEY DISTRICT HOSPITAL	4346.0	0.111	0.640	0.751	\$ 14,358
50357	GOLETA VALLEY COTTAGE HOSPITAL	4540.5	0.036	0.351	0.387	\$ 15,113
50359	TULARE DISTRICT HOSPITAL	5249.7	0.041	0.430	0.471	\$ 14,357
50360	MARIN GENERAL HOSPITAL	5875.4	0.050	0.425	0.475	\$ 18,840
50366	MARK TWAIN ST. JOSEPH'S HOSPITAL	4346.0	0.022	0.346	0.368	\$ 14,357
50367	NORTHBAY MEDICAL CENTER	6561.2	0.034	0.233	0.267	\$ 16,816
50369	QUEEN OF THE VALLEY HOSPITAL	6821.2	0.023	0.356	0.379	\$ 16,618
50373	LAC+USC MEDICAL CENTER	9863.6	0.016	0.347	0.363	\$ 16,612
50376	HARBOR-UCLA MEDICAL CENTER	10439.6	0.039	0.296	0.335	\$ 16,637
50377	CHOWCHILLA DISTRICT MEMORIAL HOSP	4378.7	0.032	0.642	0.674	\$ 14,607
50378	PACIFICA OF THE VALLEY	8053.4	0.059	0.476	0.535	\$ 16,635
50379	WEST SIDE DISTRICT HOSPITAL	4346.0	0.127	0.832	0.959	\$ 14,357
50380	GOOD SAMARITAN HOSPITAL	5539.0	0.106	0.556	0.662	\$ 18,211
50382	INTER-COMMUNITY MEDICAL CENTER	6123.9	0.026	0.340	0.366	\$ 16,621

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50385	PALM DRIVE HOSPITAL	5159.2	0.030	0.494	0.524	\$ 17,216
50388	SOUTHERN INYO HOSPITAL	4346.0	0.055	0.753	0.808	\$ 14,357
50390	HEMET VALLEY MEDICAL CENTER	5342.1	0.029	0.308	0.337	\$ 15,685
50391	SANTA TERESITA HOSPITAL	5281.0	0.026	0.410	0.436	\$ 16,617
50392	TRINITY HOSPITAL	4730.9	0.015	0.610	0.625	\$ 14,357
50393	DOWNEY COMMUNITY HOSPITAL	5960.7	0.087	0.716	0.803	\$ 16,635
50394	COMM MEM HOSP OF SAN BUENAVENTURA	4498.9	0.026	0.406	0.432	\$ 14,993
50396	SANTA BARBARA COTTAGE HOSPITAL	5094.9	0.022	0.245	0.267	\$ 15,113
50397	COALINGA REGIONAL MEDICAL CENTER	4421.6	0.085	0.483	0.568	\$ 14,607
50401	WASHINGTON MEDICAL CENTER	5057.3	0.042	0.290	0.332	\$ 16,641
50404	BIGGS-GRIDLEY MEMORIAL HOSP.-CARE	4321.4	0.015	0.424	0.439	\$ 14,416
50406	MAYERS MEMORIAL HOSPITAL MCARE RPT	4905.9	0.040	0.524	0.564	\$ 16,208
50407	CHINESE HOSPITAL	5983.1	0.034	0.513	0.547	\$ 18,833
50410	SANGER GENERAL HOSPITAL	4572.4	0.032	0.443	0.475	\$ 14,607
50411	KAISER FOUNDATION HOSPITALS -HARBOR	5104.8	0.039	0.361	0.400	\$ 16,631
50414	MERCY HOSPITAL OF FOLSOM	5033.6	0.072	0.326	0.398	\$ 16,583
50417	SUTTER COAST HOSPITAL	4346.0	0.068	0.439	0.507	\$ 14,357
50419	MERCY MEDICAL CENTER MT. SHASTA	4905.9	0.053	0.517	0.570	\$ 16,206
50420	ROBERT F. KENNEDY MEDICAL CENTER	7318.8	0.036	0.392	0.428	\$ 16,626
50423	PALO VERDE HOSPITAL	5030.7	0.053	0.390	0.443	\$ 15,698
50424	GREEN HOSPITAL OF SCRIPPS CLINIC	5539.0	0.042	0.408	0.450	\$ 16,374
50425	KFH - SACRAMENTO	5398.6	0.039	0.361	0.400	\$ 16,553
50426	WEST ANAHEIM MEDICAL CENTER	5079.2	0.024	0.242	0.266	\$ 15,990
50427	AVALON MUNICIPAL HOSPITAL	5106.9	0.039	0.610	0.649	\$ 16,617
50430	MODOC MEDICAL CENTER	4730.9	0.019	0.557	0.576	\$ 14,357
50432	GARFIELD MEDICAL CTR.	8463.2	0.016	0.361	0.377	\$ 16,611
50433	INDIAN VALLEY HOSPITAL	4346.0	0.020	0.563	0.583	\$ 14,357
50434	COLUSA COMMUNITY HOSPITAL	4730.9	0.039	0.596	0.635	\$ 14,357

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<u>50435</u>	<u>FALLBROOK DISTRICT HOSPITAL</u>	<u>5028.5</u>	<u>0.024</u>	<u>0.374</u>	<u>0.398</u>	<u>\$ 16,362</u>
<u>50438</u>	<u>HUNTINGTON MEMORIAL HOSPITAL</u>	<u>6155.8</u>	<u>0.028</u>	<u>0.332</u>	<u>0.360</u>	<u>\$ 16,624</u>
<u>50440</u>	<u>HOWARD MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.049</u>	<u>0.433</u>	<u>0.482</u>	<u>\$ 14,357</u>
<u>50441</u>	<u>STANFORD UNIVERSITY HOSPITAL</u>	<u>8212.0</u>	<u>0.032</u>	<u>0.327</u>	<u>0.359</u>	<u>\$ 18,195</u>
<u>50443</u>	<u>JOHN C. FREMONT HOSPITAL</u>	<u>4346.0</u>	<u>0.027</u>	<u>0.518</u>	<u>0.545</u>	<u>\$ 14,357</u>
<u>50444</u>	<u>SUTTER MERCED MEDICAL CENTER</u>	<u>6086.4</u>	<u>0.033</u>	<u>0.340</u>	<u>0.373</u>	<u>\$ 14,357</u>
<u>50446</u>	<u>TEHACHAPI VALLEY HOSP. DIST.</u>	<u>4346.0</u>	<u>0.051</u>	<u>0.974</u>	<u>1.025</u>	<u>\$ 14,357</u>
<u>50447</u>	<u>VILLA VIEW COMMUNITY HOSPITAL</u>	<u>7531.8</u>	<u>0.068</u>	<u>0.374</u>	<u>0.442</u>	<u>\$ 16,397</u>
<u>50448</u>	<u>RIDGECREST REGIONAL HOSPITAL</u>	<u>4346.0</u>	<u>0.045</u>	<u>0.442</u>	<u>0.487</u>	<u>\$ 14,357</u>
<u>50449</u>	<u>VALLEY COMMUNITY HOSPITAL</u>	<u>4530.4</u>	<u>0.059</u>	<u>0.240</u>	<u>0.299</u>	<u>\$ 15,110</u>
<u>50454</u>	<u>UC SAN FRANCISCO MEDICAL CENTER</u>	<u>9962.8</u>	<u>0.033</u>	<u>0.324</u>	<u>0.357</u>	<u>\$ 18,838</u>
<u>50455</u>	<u>SAN JOAQUIN COMMUNITY HOSPITAL</u>	<u>5021.5</u>	<u>0.022</u>	<u>0.352</u>	<u>0.374</u>	<u>\$ 14,357</u>
<u>50456</u>	<u>GARDENA PHYSICIANS HOSP. INC.</u>	<u>5057.3</u>	<u>0.048</u>	<u>0.694</u>	<u>0.742</u>	<u>\$ 16,619</u>
<u>50457</u>	<u>ST. MARY MEDICAL CENTER</u>	<u>6681.9</u>	<u>0.033</u>	<u>0.272</u>	<u>0.305</u>	<u>\$ 18,840</u>
<u>50464</u>	<u>DOCTORS MEDICAL CENTER OF MODESTO</u>	<u>5775.5</u>	<u>0.018</u>	<u>0.361</u>	<u>0.379</u>	<u>\$ 14,907</u>
<u>50468</u>	<u>MEMORIAL HOSPITAL OF GARDENA</u>	<u>6576.1</u>	<u>0.022</u>	<u>0.310</u>	<u>0.332</u>	<u>\$ 16,620</u>
<u>50469</u>	<u>COLORADO RIVER MEDICAL CENTER</u>	<u>4817.5</u>	<u>0.022</u>	<u>0.777</u>	<u>0.799</u>	<u>\$ 15,661</u>
<u>50470</u>	<u>SELMA DISTRICT HOSPITAL</u>	<u>4618.3</u>	<u>0.022</u>	<u>0.615</u>	<u>0.637</u>	<u>\$ 14,607</u>
<u>50471</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>6314.2</u>	<u>0.016</u>	<u>0.293</u>	<u>0.309</u>	<u>\$ 16,614</u>
<u>50476</u>	<u>SUTTER LAKESIDE HOSPITAL</u>	<u>4346.0</u>	<u>0.040</u>	<u>0.418</u>	<u>0.458</u>	<u>\$ 14,357</u>
<u>50477</u>	<u>MIDWAY HOSPITAL MEDICAL CENTER</u>	<u>5687.7</u>	<u>0.052</u>	<u>0.234</u>	<u>0.286</u>	<u>\$ 16,661</u>
<u>50478</u>	<u>SANTA YNEZ VALLEY COTTAGE HOSPITAL</u>	<u>4574.9</u>	<u>0.053</u>	<u>0.424</u>	<u>0.477</u>	<u>\$ 15,112</u>
<u>50481</u>	<u>WEST HILLS REG MEDICAL CENTER</u>	<u>5065.2</u>	<u>0.025</u>	<u>0.249</u>	<u>0.274</u>	<u>\$ 16,628</u>
<u>50482</u>	<u>JEROLD PHELPS COMMUNITY HOSPITAL</u>	<u>4730.9</u>	<u>0.029</u>	<u>0.661</u>	<u>0.690</u>	<u>\$ 14,357</u>
<u>50485</u>	<u>LONG BEACH MEMORIAL MEDICAL CENTER</u>	<u>6475.2</u>	<u>0.038</u>	<u>0.401</u>	<u>0.439</u>	<u>\$ 16,627</u>
<u>50488</u>	<u>EDEN MEDICAL CENTER</u>	<u>6177.8</u>	<u>0.026</u>	<u>0.327</u>	<u>0.353</u>	<u>\$ 19,642</u>
<u>50491</u>	<u>SANTA ANA HOSPITAL MEDICAL CENTER</u>	<u>5078.2</u>	<u>0.129</u>	<u>0.371</u>	<u>0.500</u>	<u>\$ 16,056</u>
<u>50492</u>	<u>CLOVIS COMMUNITY HOSPITAL</u>	<u>4663.9</u>	<u>0.087</u>	<u>0.400</u>	<u>0.487</u>	<u>\$ 14,606</u>

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Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50494</u>	<u>TAHOE FOREST HOSPITAL</u>	<u>4996.6</u>	<u>0.050</u>	<u>0.539</u>	<u>0.589</u>	<u>\$ 16,507</u>
<u>50496</u>	<u>MT. DIABLO MEDICAL CENTER</u>	<u>6186.0</u>	<u>0.032</u>	<u>0.265</u>	<u>0.297</u>	<u>\$ 19,644</u>
<u>50497</u>	<u>DOS PALOS MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$ 14,357</u>
<u>50498</u>	<u>SUTTER AUBURN FAITH HOSPITAL</u>	<u>5033.6</u>	<u>0.026</u>	<u>0.320</u>	<u>0.346</u>	<u>\$ 16,545</u>
<u>50502</u>	<u>ST. VINCENT MEDICAL CENTER</u>	<u>6665.5</u>	<u>0.031</u>	<u>0.297</u>	<u>0.328</u>	<u>\$ 16,630</u>
<u>50503</u>	<u>SCRIPPS MEMORIAL HOSPITAL-ENCINITAS</u>	<u>4979.7</u>	<u>0.031</u>	<u>0.302</u>	<u>0.333</u>	<u>\$ 16,374</u>
<u>50506</u>	<u>SIERRA VISTA REGIONAL MED CTR</u>	<u>4935.5</u>	<u>0.027</u>	<u>0.253</u>	<u>0.280</u>	<u>\$ 15,191</u>
<u>50510</u>	<u>KFH - SAN RAFAEL</u>	<u>5977.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50512</u>	<u>KFH - HAYWARD</u>	<u>6050.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50515</u>	<u>KAISER FOUND. HOSPITALS -SAN DIEGO</u>	<u>5093.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 16,376</u>
<u>50516</u>	<u>MERCY SAN JUAN HOSPITAL</u>	<u>5633.1</u>	<u>0.025</u>	<u>0.243</u>	<u>0.268</u>	<u>\$ 16,551</u>
<u>50517</u>	<u>VICTOR VALLEY COMMUNITY HOSPITAL</u>	<u>5987.7</u>	<u>0.030</u>	<u>0.281</u>	<u>0.311</u>	<u>\$ 15,689</u>
<u>50522</u>	<u>DOCTORS HOSPITAL OF PINOLE</u>	<u>5974.6</u>	<u>0.023</u>	<u>0.261</u>	<u>0.284</u>	<u>\$ 19,642</u>
<u>50523</u>	<u>SUTTER DELTA MEDICAL CENTER</u>	<u>7027.7</u>	<u>0.029</u>	<u>0.303</u>	<u>0.332</u>	<u>\$ 19,643</u>
<u>50526</u>	<u>HUNTINGTON BEACH MEDICAL CENTER</u>	<u>5932.9</u>	<u>0.033</u>	<u>0.248</u>	<u>0.281</u>	<u>\$ 16,001</u>
<u>50528</u>	<u>MEMORIAL HOSPITAL-LOS BANOS</u>	<u>4538.5</u>	<u>0.031</u>	<u>0.292</u>	<u>0.323</u>	<u>\$ 14,357</u>
<u>50531</u>	<u>BELLFLOWER MEDICAL CENTER</u>	<u>7475.7</u>	<u>0.015</u>	<u>0.258</u>	<u>0.273</u>	<u>\$ 16,616</u>
<u>50534</u>	<u>JOHN F. KENNEDY MEMORIAL HOSP.</u>	<u>6752.0</u>	<u>0.025</u>	<u>0.212</u>	<u>0.237</u>	<u>\$ 15,692</u>
<u>50535</u>	<u>COASTAL COMMUNITIES HOSPITAL</u>	<u>7877.0</u>	<u>0.038</u>	<u>0.320</u>	<u>0.358</u>	<u>\$ 15,996</u>
<u>50537</u>	<u>SUTTER DAVIS HOSPITAL</u>	<u>4407.9</u>	<u>0.080</u>	<u>0.284</u>	<u>0.364</u>	<u>\$ 14,703</u>
<u>50539</u>	<u>REDBUD COMMUNITY HOSPITAL</u>	<u>4346.0</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>\$ 14,357</u>
<u>50541</u>	<u>KFH - REDWOOD CITY</u>	<u>5976.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 19,643</u>
<u>50542</u>	<u>KERN VALLEY HOSPITAL DISTRICT</u>	<u>4346.0</u>	<u>0.083</u>	<u>0.447</u>	<u>0.530</u>	<u>\$ 14,358</u>
<u>50543</u>	<u>COLLEGE HOSPITAL COSTA MESA</u>	<u>7210.1</u>	<u>0.026</u>	<u>0.260</u>	<u>0.286</u>	<u>\$ 15,990</u>
<u>50545</u>	<u>LANTERMAN DEVELOPMENTAL CENTER</u>	<u>5281.0</u>	<u>0.039</u>	<u>0.687</u>	<u>0.726</u>	<u>\$ 16,615</u>
<u>50546</u>	<u>PORTERVILLE DEVELOPMENTAL CENTER</u>	<u>4303.8</u>	<u>0.014</u>	<u>0.365</u>	<u>0.379</u>	<u>\$ 14,357</u>
<u>50547</u>	<u>SONOMA DEVELOPMENTAL CENTER</u>	<u>5387.6</u>	<u>0.039</u>	<u>0.782</u>	<u>0.821</u>	<u>\$ 17,218</u>
<u>50549</u>	<u>LOS ROBLES MEDICAL CENTER</u>	<u>4977.9</u>	<u>0.029</u>	<u>0.389</u>	<u>0.418</u>	<u>\$ 16,586</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50550	CHAPMAN MEDICAL CENTER	5626.9	0.040	0.315	0.355	\$ 15,999
50551	LOS ALAMITOS MEDICAL CTR.	4875.4	0.027	0.255	0.282	\$ 15,992
50552	MOTION PICTURE AND TELEVISION FUND	5057.3	0.082	0.946	1.028	\$ 16,624
50557	MEMORIAL HOSPITAL MODESTO	5018.9	0.017	0.211	0.228	\$ 14,907
50559	DANIEL FREEMAN MARINA HOSPITAL	5069.8	0.035	0.291	0.326	\$ 16,634
50561	KAISER FOUND. HOSPITAL - WEST LA	5088.7	0.039	0.361	0.400	\$ 16,631
50564	PACIFICA HOSPITAL	4863.3	0.064	0.446	0.510	\$ 16,004
50566	EASTERN PLUMAS DISTRICT HOSP	4346.0	0.032	0.387	0.419	\$ 14,357
50567	MISSION HOSP REGIONAL MEDICAL CTR	4873.4	0.035	0.274	0.309	\$ 15,999
50568	MADERA COMMUNITY HOSPITAL	5863.2	0.020	0.470	0.490	\$ 14,607
50569	MENDOCINO COAST DISTRICT HOSPITAL	5133.1	0.053	0.598	0.651	\$ 16,958
50570	FOUNTAIN VALLEY REG MEDICAL CENTER	6380.7	0.013	0.273	0.286	\$ 15,973
50571	SUBURBAN MEDICAL CENTER	8142.0	0.038	0.230	0.268	\$ 16,647
50573	EISENHOWER MEMORIAL HOSPITAL	4779.7	0.064	0.328	0.392	\$ 15,716
50575	TRI-CITY REGIONAL MEDICAL CENTER	6475.1	0.039	0.365	0.404	\$ 16,630
50577	SANTA MARTA HOSPITAL	7722.8	0.023	0.458	0.481	\$ 16,613
50578	MARTIN LUTHER KING, JR./DREW MEDICAL	10471.7	0.019	0.338	0.357	\$ 16,615
50579	CENTURY CITY HOSP	5317.2	0.055	0.235	0.290	\$ 16,664
50580	LAPALMA INTERCOMMUNITY HOSPITAL	5889.6	0.033	0.257	0.290	\$ 15,999
50581	LAKEWOOD REGIONAL MED. CTR.	5585.0	0.031	0.250	0.281	\$ 16,635
50583	ALVARADO COMMUNITY HOSPITAL	5628.4	0.035	0.245	0.280	\$ 16,386
50584	US FAMILYCARE MEDICAL CENTER	5954.8	0.043	0.239	0.282	\$ 15,712
50585	SAN CLEMENTE HOSPITAL	4863.3	0.094	0.510	0.604	\$ 16,016
50586	CHINO VALLEY MEDICAL CENTER	5966.5	0.035	0.329	0.364	\$ 15,689
50588	SAN DIMAS COMMUNITY HOSPITAL	5057.3	0.028	0.235	0.263	\$ 16,634
50589	PLACENTIA LINDA COMMUNITY HOSPITAL	4872.5	0.041	0.311	0.352	\$ 16,000
50590	METHODIST HOSPITAL OF SACRAMENTO	6464.5	0.028	0.356	0.384	\$ 16,544
50591	MONTEREY PARK HOSPITAL	7802.9	0.036	0.222	0.258	\$ 16,646

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Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50592	BREA COMMUNITY HOSPITAL	4876.0	0.029	0.285	0.314	\$ 15,991
50594	WESTERN MEDICAL CENTER ANAHEIM	6282.6	0.062	0.302	0.364	\$ 16,022
50597	FOOTHILL PRESBYTERIAN HOSPITAL	5389.1	0.031	0.398	0.429	\$ 16,622
50598	MISSION BAY MEMORIAL HOSPITAL	4979.7	0.027	0.352	0.379	\$ 16,366
50599	UC DAVIS MEDICAL CENTER	9301.9	0.039	0.361	0.400	\$ 16,553
50601	TARZANA ENCINO REGIONAL MED CTR	5670.2	0.028	0.361	0.389	\$ 16,622
50603	SADDLEBACK MEMORIAL MEDICAL CENTER	4871.2	0.026	0.387	0.413	\$ 15,979
50604	KFH - SANTA TERESA	5536.5	0.039	0.361	0.400	\$ 18,196
50608	DELANO REGIONAL MEDICAL CNT.	6006.5	0.029	0.266	0.295	\$ 14,357
50609	KAISER FOUNDATION HOSPITALS -ANAHEIM	5468.5	0.039	0.361	0.400	\$ 16,631
50613	SETON COASTSIDE HOSPITAL	5729.5	0.039	0.365	0.404	\$ 18,838
50615	GREATER EL MONTE COMMUNITY HOSPITAL	8024.6	0.048	0.244	0.292	\$ 16,655
50616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	4494.1	0.027	0.347	0.374	\$ 14,992
50618	BEAR VALLEY COMMUNITY HOSPITAL	4817.5	0.042	0.645	0.687	\$ 15,674
50623	HIGH DESERT HOSPITAL	5281.0	0.027	0.486	0.513	\$ 16,615
50624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	5067.0	0.051	0.302	0.353	\$ 16,647
50625	CEDARS-SINAI MEDICAL CENTER	6622.9	0.025	0.275	0.300	\$ 16,626
50630	INLAND VALLEY REGIONAL MEDICAL CENTER	4770.8	0.047	0.358	0.405	\$ 15,697
50633	TWIN CITIES COMMUNITY HOSPITAL	4553.8	0.024	0.235	0.259	\$ 15,191
50636	POMERADO HOSPITAL	4979.7	0.043	0.347	0.390	\$ 16,380
50638	SOUTHERN MONO HEALTH CARE DISTRICT	4346.0	0.098	0.863	0.961	\$ 14,357
50641	EAST LA DOCTOR'S HOSPITAL	7814.3	0.041	0.389	0.430	\$ 16,630
50643	HOSPITAL NAME NOT AVAILABLE	5710.0	0.036	0.606	0.642	\$ 3,953
50644	LOS ANGELES METROPOLITAN MED CNTR	8106.8	0.039	0.234	0.273	\$ 16,647
50662	AGNEWS DEVELOPMENTAL CENTER	5778.9	0.039	0.906	0.945	\$ 18,184
50663	LOS ANGELES COMMUNITY HOSPITAL	8162.8	0.018	0.327	0.345	\$ 16,615
50667	NELSON M. HOLDERMAN	5042.8	0.024	1.182	1.206	\$ 16,833
50668	LAGUNA HONDA HOSPITAL	5729.5	0.022	0.998	1.020	\$ 18,826

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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50670	NORTH COAST HEALTH CARE CENTERS	5159.2	0.058	0.371	0.429	\$ 17,201
50674	KFH - SOUTH SACRAMENTO	5474.7	0.039	0.361	0.400	\$ 16,553
50676	SURPRISE VALLEY COMM HOSPITAL	4346.0	0.062	0.804	0.866	\$ 14,357
50677	KAISER FOUND. HOSP. - WOODLAND HILLS	5392.0	0.039	0.361	0.400	\$ 16,631
50678	ORANGE COAST MEMORIAL MEDICAL CENTER	4867.4	0.033	0.452	0.485	\$ 15,981
50680	VACAVALLEY HOSPITAL	5042.8	0.034	0.218	0.252	\$ 16,815
50682	KINGSBURG MEDICAL CENTER	4572.4	0.086	0.361	0.447	\$ 14,606
50684	MENIFEE VALLEY MEDICAL CENTER	4770.8	0.048	0.265	0.313	\$ 15,712
50685	SOUTH VALLEY HOSPITAL	5534.0	0.027	0.427	0.454	\$ 18,188
50686	KAISER FOUND. HOSPITALS - RIVERSIDE	5140.1	0.039	0.361	0.400	\$ 15,993
50688	SAINT LOUISE HOSPITAL	5534.0	0.089	0.417	0.506	\$ 18,214
50689	SAN RAMON REG. MEDICAL CENTER	5981.9	0.087	0.308	0.395	\$ 19,651
50690	KFH - SANTA ROSA	5161.2	0.039	0.361	0.400	\$ 17,208
50693	IRVINE MEDICAL CENTER	5021.5	0.129	0.300	0.429	\$ 16,073
50694	MORENO VALLEY COMMUNITY HOSPITAL	4981.7	0.063	0.278	0.341	\$ 15,725
50695	ST. DOMINIC'S HOSPITAL	4540.3	0.072	0.380	0.452	\$ 15,144
50696	USC UNIVERSITY HOSPITAL	6232.7	0.071	0.278	0.349	\$ 16,669
50697	PATIENT'S HOSPITAL OF REDDING	4858.2	0.076	0.486	0.562	\$ 16,202
50699	REDDING SPECIALTY HOSPITAL	4858.2	0.060	0.533	0.593	\$ 16,205
50701	SHARP HEALTHCARE MURRIETA	4979.7	0.045	0.370	0.415	\$ 16,380
50704	MISSION COMMUNITY HOSPITAL	7949.1	0.030	0.369	0.399	\$ 16,623
50707	RECOVERY INN OF MENLO PARK	5729.5	0.113	0.749	0.862	\$ 18,844
50708	FRESNO SURGERY CENTER	4378.7	0.100	0.498	0.598	\$ 14,607
50709	DESERT VALLEY HOSPITAL	4770.8	0.057	0.312	0.369	\$ 15,712
50710	KFH - FRESNO	4379.7	0.036	0.361	0.397	\$ 14,607
50713	LINCOLN HOSPITAL MEDICAL CENTER	5281.0	0.036	0.491	0.527	\$ 16,621
50714	SUTTER MATERNITY & SURGERY CENTER	5726.4	0.039	0.776	0.815	\$ 19,120
50717	RANCHO LOS AMIGOS NATL. REHAB. CTR.	7608.2	0.040	0.405	0.445	\$ 16,628

Appendix A
 Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO- CHARGE RATIO</u>	<u>OPERATING COST-TO- CHARGE RATIO</u>	<u>TOTAL COST-TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
<u>50718</u>	<u>VALLEY PLAZA DOCTORS HOSPITAL</u>	<u>4981.7</u>	<u>0.036</u>	<u>0.361</u>	<u>0.397</u>	<u>\$ 15,687</u>
<u>50719</u>	<u>THE HEART HOSPITAL</u>	<u>4770.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>\$ 15,689</u>
<u>50720</u>	<u>TUSTIN HOSPITAL & MEDICAL CENTER</u>	<u>5078.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.400</u>	<u>\$ 15,993</u>
<u>50721</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.036</u>	<u>0.382</u>	<u>0.418</u>	<u>\$ 16,627</u>
<u>50722</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>4979.7</u>	<u>0.036</u>	<u>0.365</u>	<u>0.401</u>	<u>\$ 16,373</u>
<u>50723</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.036</u>	<u>0.365</u>	<u>0.401</u>	<u>\$ 16,628</u>

APPENDIX B: DRG WEIGHTS AND REVISED DRG WEIGHTS 2001 Rates
(California revisions shown in italics incorporate the DWC Revised Ratios)

<u>DRG Number</u>	<u>Description</u>	<u>HCFA 2001 DRG Weights</u>	<u>DWC Revised Ratio</u>	<u>DWC Revised Weight</u>	<u>Geometric Mean LOS</u>
<u>1</u>	<u>CRANIOTOMY AGE >17 EXCEPT FOR</u> <u>TRAUMA</u>	<u>3.097</u>	<u>1.000</u>	<u>3.097</u>	<u>6.3</u>
<u>2</u>	<u>CRANIOTOMY FOR TRAUMA AGE >17</u>	<u>3.1142</u>	<u>1.000</u>	<u>3.1142</u>	<u>7.3</u>
<u>3</u>	<u>CRANIOTOMY AGE 0-17</u>	<u>1.9629</u>	<u>1.000</u>	<u>1.9629</u>	<u>12.7</u>
<u>4</u>	<u>SPINAL PROCEDURES</u>	<u>2.2918</u>	<u>0.628</u>	<u>1.4399</u>	<u>4.8</u>
<u>5</u>	<u>EXTRACRANIAL VASCULAR PROCEDURES</u>	<u>1.4321</u>	<u>1.000</u>	<u>1.4321</u>	<u>2.3</u>
<u>6</u>	<u>CARPAL TUNNEL RELEASE</u>	<u>0.8246</u>	<u>1.000</u>	<u>0.8246</u>	<u>2.2</u>
<u>7</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV</u> <u>SYST PROC W CC</u>	<u>2.5919</u>	<u>1.000</u>	<u>2.5919</u>	<u>6.9</u>
<u>8</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV</u> <u>SYST PROC W/O CC</u>	<u>1.3948</u>	<u>0.808</u>	<u>1.1273</u>	<u>2.1</u>
<u>9</u>	<u>SPINAL DISORDERS & INJURIES</u>	<u>1.3134</u>	<u>1.000</u>	<u>1.3134</u>	<u>4.7</u>
<u>10</u>	<u>NERVOUS SYSTEM NEOPLASMS W CC</u>	<u>1.2273</u>	<u>1.000</u>	<u>1.2273</u>	<u>4.9</u>
<u>11</u>	<u>NERVOUS SYSTEM NEOPLASMS W/O CC</u>	<u>0.8345</u>	<u>1.000</u>	<u>0.8345</u>	<u>3.1</u>
<u>12</u>	<u>DEGENERATIVE NERVOUS SYSTEM</u> <u>DISORDERS</u>	<u>0.8925</u>	<u>1.000</u>	<u>0.8925</u>	<u>4.5</u>
<u>13</u>	<u>MULTIPLE SCLEROSIS & CEREBELLAR</u> <u>ATAXIA</u>	<u>0.7644</u>	<u>1.000</u>	<u>0.7644</u>	<u>4.1</u>
<u>14</u>	<u>SPECIFIC CEREBROVASCULAR DISORDERS</u> <u>EXCEPT TIA</u>	<u>1.207</u>	<u>1.000</u>	<u>1.2070</u>	<u>4.7</u>
<u>15</u>	<u>TRANSIENT ISCHEMIC ATTACK &</u> <u>PRECEREBRAL OCCLUSIONS</u>	<u>0.748</u>	<u>1.000</u>	<u>0.7480</u>	<u>2.9</u>
<u>16</u>	<u>NONSPECIFIC CEREBROVASCULAR</u> <u>DISORDERS W CC</u>	<u>1.1652</u>	<u>1.000</u>	<u>1.1652</u>	<u>4.7</u>
<u>17</u>	<u>NONSPECIFIC CEREBROVASCULAR</u> <u>DISORDERS W/O CC</u>	<u>0.6539</u>	<u>1.000</u>	<u>0.6539</u>	<u>2.6</u>

<u>18</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W CC</u>	<u>0.96</u>	<u>1.000</u>	<u>0.9600</u>	<u>4.3</u>
<u>19</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC</u>	<u>0.6963</u>	<u>1.000</u>	<u>0.6963</u>	<u>2.9</u>
<u>20</u>	<u>NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS</u>	<u>2.7744</u>	<u>1.000</u>	<u>2.7744</u>	<u>7.9</u>
<u>21</u>	<u>VIRAL MENINGITIS</u>	<u>1.4966</u>	<u>1.000</u>	<u>1.4966</u>	<u>5.2</u>
<u>22</u>	<u>HYPERTENSIVE ENCEPHALOPATHY</u>	<u>1.0082</u>	<u>1.000</u>	<u>1.0082</u>	<u>3.8</u>
<u>23</u>	<u>NONTRAUMATIC STUPOR & COMA</u>	<u>0.8027</u>	<u>1.000</u>	<u>0.8027</u>	<u>3.2</u>
<u>24</u>	<u>SEIZURE & HEADACHE AGE >17 W CC</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>3.7</u>
<u>25</u>	<u>SEIZURE & HEADACHE AGE >17 W/O CC</u>	<u>0.6043</u>	<u>0.749</u>	<u>0.4523</u>	<u>2.6</u>
<u>26</u>	<u>SEIZURE & HEADACHE AGE 0-17</u>	<u>0.6441</u>	<u>1.000</u>	<u>0.6441</u>	<u>2.4</u>
<u>27</u>	<u>TRAUMATIC STUPOR & COMA, COMA >1 HR</u>	<u>1.2912</u>	<u>1.000</u>	<u>1.2912</u>	<u>3.2</u>
<u>28</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC</u>	<u>1.3102</u>	<u>1.000</u>	<u>1.3102</u>	<u>4.5</u>
<u>29</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC</u>	<u>0.7015</u>	<u>1.003</u>	<u>0.7033</u>	<u>2.8</u>
<u>30</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17</u>	<u>0.332</u>	<u>1.000</u>	<u>0.3320</u>	<u>2</u>
<u>31</u>	<u>CONCUSSION AGE >17 W CC</u>	<u>0.8715</u>	<u>1.000</u>	<u>0.8715</u>	<u>3.1</u>
<u>32</u>	<u>CONCUSSION AGE >17 W/O CC</u>	<u>0.5422</u>	<u>0.875</u>	<u>0.4744</u>	<u>2.1</u>
<u>33</u>	<u>CONCUSSION AGE 0-17</u>	<u>0.2086</u>	<u>1.000</u>	<u>0.2086</u>	<u>1.6</u>
<u>34</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W CC</u>	<u>1.0099</u>	<u>1.000</u>	<u>1.0099</u>	<u>3.8</u>
<u>35</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W/O CC</u>	<u>0.6027</u>	<u>1.000</u>	<u>0.6027</u>	<u>2.7</u>
<u>36</u>	<u>RETINAL PROCEDURES</u>	<u>0.6639</u>	<u>1.000</u>	<u>0.6639</u>	<u>1.2</u>
<u>37</u>	<u>ORBITAL PROCEDURES</u>	<u>1.0016</u>	<u>1.000</u>	<u>1.0016</u>	<u>2.6</u>
<u>38</u>	<u>PRIMARY IRIS PROCEDURES</u>	<u>0.4833</u>	<u>1.000</u>	<u>0.4833</u>	<u>1.8</u>

<u>39</u>	<u>LENS PROCEDURES WITH OR WITHOUT VITRECTOMY</u>	<u>0.5778</u>	<u>1.000</u>	<u>0.5778</u>	<u>1.5</u>
<u>40</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17</u>	<u>0.8635</u>	<u>1.000</u>	<u>0.8635</u>	<u>2.3</u>
<u>41</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17</u>	<u>0.338</u>	<u>1.000</u>	<u>0.3380</u>	<u>1.6</u>
<u>42</u>	<u>INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS</u>	<u>0.6478</u>	<u>1.066</u>	<u>0.6906</u>	<u>1.6</u>
<u>43</u>	<u>HYPHEMA</u>	<u>0.4977</u>	<u>1.000</u>	<u>0.4977</u>	<u>2.6</u>
<u>44</u>	<u>ACUTE MAJOR EYE INFECTIONS</u>	<u>0.6337</u>	<u>1.000</u>	<u>0.6337</u>	<u>4.1</u>
<u>45</u>	<u>NEUROLOGICAL EYE DISORDERS</u>	<u>0.7022</u>	<u>1.000</u>	<u>0.7022</u>	<u>2.7</u>
<u>46</u>	<u>OTHER DISORDERS OF THE EYE AGE >17 W CC</u>	<u>0.7749</u>	<u>1.000</u>	<u>0.7749</u>	<u>3.5</u>
<u>47</u>	<u>OTHER DISORDERS OF THE EYE AGE >17 W/O CC</u>	<u>0.5085</u>	<u>1.000</u>	<u>0.5085</u>	<u>2.5</u>
<u>48</u>	<u>OTHER DISORDERS OF THE EYE AGE 0-17</u>	<u>0.2977</u>	<u>1.000</u>	<u>0.2977</u>	<u>2.9</u>
<u>49</u>	<u>MAJOR HEAD & NECK PROCEDURES</u>	<u>1.8301</u>	<u>1.000</u>	<u>1.8301</u>	<u>3.5</u>
<u>50</u>	<u>SIALOADENECTOMY</u>	<u>0.8537</u>	<u>1.000</u>	<u>0.8537</u>	<u>1.6</u>
<u>51</u>	<u>SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY</u>	<u>0.7934</u>	<u>1.000</u>	<u>0.7934</u>	<u>1.8</u>
<u>52</u>	<u>CLEFT LIP & PALATE REPAIR</u>	<u>0.841</u>	<u>1.000</u>	<u>0.8410</u>	<u>1.6</u>
<u>53</u>	<u>SINUS & MASTOID PROCEDURES AGE >17</u>	<u>1.2118</u>	<u>1.000</u>	<u>1.2118</u>	<u>2.3</u>
<u>54</u>	<u>SINUS & MASTOID PROCEDURES AGE 0-17</u>	<u>0.4826</u>	<u>1.000</u>	<u>0.4826</u>	<u>3.2</u>
<u>55</u>	<u>MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES</u>	<u>0.9039</u>	<u>1.000</u>	<u>0.9039</u>	<u>1.9</u>
<u>56</u>	<u>RHINOPLASTY</u>	<u>0.9451</u>	<u>1.000</u>	<u>0.9451</u>	<u>2.1</u>
<u>57</u>	<u>T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17</u>	<u>1.0704</u>	<u>1.000</u>	<u>1.0704</u>	<u>2.5</u>
<u>58</u>	<u>T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.274</u>	<u>1.000</u>	<u>0.2740</u>	<u>1.5</u>

<u>59</u>	<u>TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17</u>	<u>0.6943</u>	<u>1.000</u>	<u>0.6943</u>	<u>1.8</u>
<u>60</u>	<u>TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.2087</u>	<u>1.000</u>	<u>0.2087</u>	<u>1.5</u>
<u>61</u>	<u>MYRINGOTOMY W TUBE INSERTION AGE >17</u>	<u>1.266</u>	<u>1.000</u>	<u>1.2660</u>	<u>2.8</u>
<u>62</u>	<u>MYRINGOTOMY W TUBE INSERTION AGE 0-17</u>	<u>0.2955</u>	<u>1.000</u>	<u>0.2955</u>	<u>1.3</u>
<u>63</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES</u>	<u>1.3402</u>	<u>0.875</u>	<u>1.1731</u>	<u>3</u>
<u>64</u>	<u>EAR, NOSE, MOUTH & THROAT MALIGNANCY</u>	<u>1.2288</u>	<u>1.000</u>	<u>1.2288</u>	<u>4.3</u>
<u>65</u>	<u>DYSEQUILIBRIUM</u>	<u>0.5385</u>	<u>1.000</u>	<u>0.5385</u>	<u>2.3</u>
<u>66</u>	<u>EPISTAXIS</u>	<u>0.559</u>	<u>1.000</u>	<u>0.5590</u>	<u>2.5</u>
<u>67</u>	<u>EPIGLOTTITIS</u>	<u>0.8105</u>	<u>1.000</u>	<u>0.8105</u>	<u>2.8</u>
<u>68</u>	<u>OTITIS MEDIA & URI AGE >17 W CC</u>	<u>0.675</u>	<u>1.000</u>	<u>0.6750</u>	<u>3.4</u>
<u>69</u>	<u>OTITIS MEDIA & URI AGE >17 W/O CC</u>	<u>0.5152</u>	<u>1.000</u>	<u>0.5152</u>	<u>2.7</u>
<u>70</u>	<u>OTITIS MEDIA & URI AGE 0-17</u>	<u>0.4628</u>	<u>1.000</u>	<u>0.4628</u>	<u>2.4</u>
<u>71</u>	<u>LARYNGOTRACHEITIS</u>	<u>0.7712</u>	<u>1.000</u>	<u>0.7712</u>	<u>3</u>
<u>72</u>	<u>NASAL TRAUMA & DEFORMITY</u>	<u>0.6428</u>	<u>1.000</u>	<u>0.6428</u>	<u>2.6</u>
<u>73</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17</u>	<u>0.7777</u>	<u>1.000</u>	<u>0.7777</u>	<u>3.3</u>
<u>74</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17</u>	<u>0.3358</u>	<u>1.000</u>	<u>0.3358</u>	<u>2.1</u>
<u>75</u>	<u>MAJOR CHEST PROCEDURES</u>	<u>3.1331</u>	<u>1.000</u>	<u>3.1331</u>	<u>7.8</u>
<u>76</u>	<u>OTHER RESP SYSTEM O.R. PROCEDURES W CC</u>	<u>2.7908</u>	<u>1.000</u>	<u>2.7908</u>	<u>8.4</u>
<u>77</u>	<u>OTHER RESP SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1887</u>	<u>1.000</u>	<u>1.1887</u>	<u>3.5</u>
<u>78</u>	<u>PULMONARY EMBOLISM</u>	<u>1.3698</u>	<u>1.000</u>	<u>1.3698</u>	<u>6</u>

<u>79</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC</u>	<u>1.6501</u>	<u>1.000</u>	<u>1.6501</u>	<u>6.6</u>
<u>80</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC</u>	<u>0.9373</u>	<u>1.000</u>	<u>0.9373</u>	<u>4.7</u>
<u>81</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17</u>	<u>1.5204</u>	<u>1.000</u>	<u>1.5204</u>	<u>6.1</u>
<u>82</u>	<u>RESPIRATORY NEOPLASMS</u>	<u>1.3799</u>	<u>1.000</u>	<u>1.3799</u>	<u>5.2</u>
<u>83</u>	<u>MAJOR CHEST TRAUMA W CC</u>	<u>0.9808</u>	<u>1.000</u>	<u>0.9808</u>	<u>4.4</u>
<u>84</u>	<u>MAJOR CHEST TRAUMA W/O CC</u>	<u>0.5539</u>	<u>1.000</u>	<u>0.5539</u>	<u>2.8</u>
<u>85</u>	<u>PLEURAL EFFUSION W CC</u>	<u>1.2198</u>	<u>1.000</u>	<u>1.2198</u>	<u>4.9</u>
<u>86</u>	<u>PLEURAL EFFUSION W/O CC</u>	<u>0.6984</u>	<u>1.000</u>	<u>0.6984</u>	<u>2.9</u>
<u>87</u>	<u>PULMONARY EDEMA & RESPIRATORY FAILURE</u>	<u>1.3781</u>	<u>1.000</u>	<u>1.3781</u>	<u>4.8</u>
<u>88</u>	<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	<u>0.9317</u>	<u>1.000</u>	<u>0.9317</u>	<u>4.2</u>
<u>89</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC</u>	<u>1.0647</u>	<u>1.000</u>	<u>1.0647</u>	<u>5</u>
<u>90</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC</u>	<u>0.659</u>	<u>1.000</u>	<u>0.6590</u>	<u>3.6</u>
<u>91</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE 0-17</u>	<u>0.689</u>	<u>1.000</u>	<u>0.6890</u>	<u>2.8</u>
<u>92</u>	<u>INTERSTITIAL LUNG DISEASE W CC</u>	<u>1.1863</u>	<u>1.000</u>	<u>1.1863</u>	<u>5</u>
<u>93</u>	<u>INTERSTITIAL LUNG DISEASE W/O CC</u>	<u>0.7309</u>	<u>1.000</u>	<u>0.7309</u>	<u>3.3</u>
<u>94</u>	<u>PNEUMOTHORAX W CC</u>	<u>1.1704</u>	<u>1.000</u>	<u>1.1704</u>	<u>4.8</u>
<u>95</u>	<u>PNEUMOTHORAX W/O CC</u>	<u>0.6098</u>	<u>1.000</u>	<u>0.6098</u>	<u>3</u>
<u>96</u>	<u>BRONCHITIS & ASTHMA AGE >17 W CC</u>	<u>0.7871</u>	<u>1.000</u>	<u>0.7871</u>	<u>3.9</u>
<u>97</u>	<u>BRONCHITIS & ASTHMA AGE >17 W/O CC</u>	<u>0.5873</u>	<u>1.000</u>	<u>0.5873</u>	<u>3.1</u>
<u>98</u>	<u>BRONCHITIS & ASTHMA AGE 0-17</u>	<u>0.8768</u>	<u>1.000</u>	<u>0.8768</u>	<u>3.2</u>
<u>99</u>	<u>RESPIRATORY SIGNS & SYMPTOMS W CC</u>	<u>0.7117</u>	<u>1.000</u>	<u>0.7117</u>	<u>2.5</u>
<u>100</u>	<u>RESPIRATORY SIGNS & SYMPTOMS W/O CC</u>	<u>0.5437</u>	<u>1.000</u>	<u>0.5437</u>	<u>1.8</u>
<u>101</u>	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W CC</u>	<u>0.8563</u>	<u>1.000</u>	<u>0.8563</u>	<u>3.3</u>

<u>102</u>	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES</u> <u>W/O CC</u>	<u>0.555</u>	<u>1.000</u>	<u>0.5550</u>	<u>2.1</u>
<u>103</u>	<u>HEART TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>104</u>	<u>CARDIAC VALVE PROCEDURES W CARDIAC</u> <u>CATH</u>	<u>7.1843</u>	<u>1.000</u>	<u>7.1843</u>	<u>8.9</u>
<u>105</u>	<u>CARDIAC VALVE PROCEDURES W/O</u> <u>CARDIAC CATH</u>	<u>5.6567</u>	<u>1.000</u>	<u>5.6567</u>	<u>7.4</u>
<u>106</u>	<u>CORONARY BYPASS W CARDIAC CATH</u>	<u>7.5203</u>	<u>1.000</u>	<u>7.5203</u>	<u>9.3</u>
<u>107</u>	<u>CORONARY BYPASS W/O CARDIAC CATH</u>	<u>5.3762</u>	<u>1.000</u>	<u>5.3762</u>	<u>9.2</u>
<u>108</u>	<u>OTHER CARDIOTHORACIC PROCEDURES</u>	<u>5.6525</u>	<u>1.000</u>	<u>5.6525</u>	<u>8</u>
<u>109</u>	<u>NO LONGER VALID</u>	<u>4.0198</u>	<u>1.000</u>	<u>4.0198</u>	<u>6.8</u>
<u>110</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W</u> <u>CC</u>	<u>4.1358</u>	<u>1.000</u>	<u>4.1358</u>	<u>7.1</u>
<u>111</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES</u> <u>W/O CC</u>	<u>2.241</u>	<u>1.000</u>	<u>2.2410</u>	<u>4.7</u>
<u>112</u>	<u>PERCUTANEOUS CARDIOVASCULAR</u> <u>PROCEDURES</u>	<u>1.8677</u>	<u>0.841</u>	<u>1.5705</u>	<u>2.6</u>
<u>113</u>	<u>AMPUTATION FOR CIRC SYSTEM</u> <u>DISORDERS EXCEPT UPPER LIMB & TOE</u>	<u>2.7806</u>	<u>1.000</u>	<u>2.7806</u>	<u>9.8</u>
<u>114</u>	<u>UPPER LIMB & TOE AMPUTATION FOR CIRC</u> <u>SYSTEM DISORDERS</u>	<u>1.5656</u>	<u>1.000</u>	<u>1.5656</u>	<u>6</u>
<u>115</u>	<u>PERM PACE IMPLNT W AMI,HRT FAIL OR</u> <u>SHOCK OR AICD LEAD OR GEN PROC</u>	<u>3.4711</u>	<u>1.000</u>	<u>3.4711</u>	<u>6</u>
<u>116</u>	<u>OTH PERM CARDIAC PACEMAKER IMPLANT</u> <u>OR PTCA W CORONARY ART STENT</u>	<u>2.419</u>	<u>1.000</u>	<u>2.4190</u>	<u>2.6</u>
<u>117</u>	<u>CARDIAC PACEMAKER REVISION EXCEPT</u> <u>DEVICE REPLACEMENT</u>	<u>1.2966</u>	<u>1.000</u>	<u>1.2966</u>	<u>2.6</u>
<u>118</u>	<u>CARDIAC PACEMAKER DEVICE</u> <u>REPLACEMENT</u>	<u>1.4939</u>	<u>1.000</u>	<u>1.4939</u>	<u>1.9</u>
<u>119</u>	<u>VEIN LIGATION & STRIPPING</u>	<u>1.26</u>	<u>1.000</u>	<u>1.2600</u>	<u>2.9</u>

<u>120</u>	<u>OTHER CIRCULATORY SYSTEM O.R. PROCEDURES</u>	<u>2.0352</u>	<u>1.000</u>	<u>2.0352</u>	<u>4.9</u>
<u>121</u>	<u>CIRCULATORY DISORDERS W AMI & MAJOR COMP DISCH ALIVE</u>	<u>1.6194</u>	<u>1.000</u>	<u>1.6194</u>	<u>5.5</u>
<u>122</u>	<u>CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE</u>	<u>1.0884</u>	<u>1.000</u>	<u>1.0884</u>	<u>3.3</u>
<u>123</u>	<u>CIRCULATORY DISORDERS W AMI, EXPIRED</u>	<u>1.5528</u>	<u>1.000</u>	<u>1.5528</u>	<u>2.8</u>
<u>124</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG</u>	<u>1.4134</u>	<u>1.000</u>	<u>1.4134</u>	<u>3.3</u>
<u>125</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG</u>	<u>1.0606</u>	<u>1.000</u>	<u>1.0606</u>	<u>2.2</u>
<u>126</u>	<u>ACUTE & SUBACUTE ENDOCARDITIS</u>	<u>2.5379</u>	<u>1.000</u>	<u>2.5379</u>	<u>9.3</u>
<u>127</u>	<u>HEART FAILURE & SHOCK</u>	<u>1.013</u>	<u>1.000</u>	<u>1.0130</u>	<u>4.2</u>
<u>128</u>	<u>DEEP VEIN THROMBOPHLEBITIS</u>	<u>0.7651</u>	<u>1.000</u>	<u>0.7651</u>	<u>5</u>
<u>129</u>	<u>CARDIAC ARREST, UNEXPLAINED</u>	<u>1.0968</u>	<u>1.000</u>	<u>1.0968</u>	<u>1.8</u>
<u>130</u>	<u>PERIPHERAL VASCULAR DISORDERS W CC</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>4.7</u>
<u>131</u>	<u>PERIPHERAL VASCULAR DISORDERS W/O CC</u>	<u>0.5898</u>	<u>1.000</u>	<u>0.5898</u>	<u>3.6</u>
<u>132</u>	<u>ATHEROSCLEROSIS W CC</u>	<u>0.6707</u>	<u>1.000</u>	<u>0.6707</u>	<u>2.4</u>
<u>133</u>	<u>ATHEROSCLEROSIS W/O CC</u>	<u>0.5663</u>	<u>1.000</u>	<u>0.5663</u>	<u>1.9</u>
<u>134</u>	<u>HYPERTENSION</u>	<u>0.5917</u>	<u>1.000</u>	<u>0.5917</u>	<u>2.6</u>
<u>135</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC</u>	<u>0.9083</u>	<u>1.000</u>	<u>0.9083</u>	<u>3.3</u>
<u>136</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC</u>	<u>0.6065</u>	<u>1.000</u>	<u>0.6065</u>	<u>2.2</u>
<u>137</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17</u>	<u>0.8192</u>	<u>1.000</u>	<u>0.8192</u>	<u>3.3</u>
<u>138</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC</u>	<u>0.8291</u>	<u>1.000</u>	<u>0.8291</u>	<u>3.1</u>

	<u>CARDIAC ARRHYTHMIA & CONDUCTION</u>				
<u>139</u>	<u>DISORDERS W/O CC</u>	<u>0.5141</u>	<u>1.000</u>	<u>0.5141</u>	<u>2</u>
<u>140</u>	<u>ANGINA PECTORIS</u>	<u>0.574</u>	<u>0.783</u>	<u>0.4497</u>	<u>2.2</u>
<u>141</u>	<u>SYNCOPE & COLLAPSE W CC</u>	<u>0.7219</u>	<u>1.000</u>	<u>0.7219</u>	<u>2.9</u>
<u>142</u>	<u>SYNCOPE & COLLAPSE W/O CC</u>	<u>0.5552</u>	<u>1.000</u>	<u>0.5552</u>	<u>2.2</u>
<u>143</u>	<u>CHEST PAIN</u>	<u>0.5402</u>	<u>0.842</u>	<u>0.4547</u>	<u>1.8</u>
	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES</u>				
<u>144</u>	<u>W CC</u>	<u>1.1668</u>	<u>1.000</u>	<u>1.1668</u>	<u>3.8</u>
	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES</u>				
<u>145</u>	<u>W/O CC</u>	<u>0.6322</u>	<u>1.000</u>	<u>0.6322</u>	<u>2.2</u>
<u>146</u>	<u>RECTAL RESECTION W CC</u>	<u>2.743</u>	<u>1.000</u>	<u>2.7430</u>	<u>8.9</u>
<u>147</u>	<u>RECTAL RESECTION W/O CC</u>	<u>1.6221</u>	<u>1.000</u>	<u>1.6221</u>	<u>6</u>
	<u>MAJOR SMALL & LARGE BOWEL</u>				
<u>148</u>	<u>PROCEDURES W CC</u>	<u>3.4347</u>	<u>1.000</u>	<u>3.4347</u>	<u>10.1</u>
	<u>MAJOR SMALL & LARGE BOWEL</u>				
<u>149</u>	<u>PROCEDURES W/O CC</u>	<u>1.5667</u>	<u>1.000</u>	<u>1.5667</u>	<u>6.1</u>
<u>150</u>	<u>PERITONEAL ADHESIOLYSIS W CC</u>	<u>2.8523</u>	<u>1.000</u>	<u>2.8523</u>	<u>9.1</u>
<u>151</u>	<u>PERITONEAL ADHESIOLYSIS W/O CC</u>	<u>1.3427</u>	<u>1.000</u>	<u>1.3427</u>	<u>4.8</u>
	<u>MINOR SMALL & LARGE BOWEL</u>				
<u>152</u>	<u>PROCEDURES W CC</u>	<u>1.9462</u>	<u>1.000</u>	<u>1.9462</u>	<u>6.8</u>
	<u>MINOR SMALL & LARGE BOWEL</u>				
<u>153</u>	<u>PROCEDURES W/O CC</u>	<u>1.208</u>	<u>1.000</u>	<u>1.2080</u>	<u>4.9</u>
	<u>STOMACH, ESOPHAGEAL & DUODENAL</u>				
<u>154</u>	<u>PROCEDURES AGE >17 W CC</u>	<u>4.1475</u>	<u>1.000</u>	<u>4.1475</u>	<u>10.1</u>
	<u>STOMACH, ESOPHAGEAL & DUODENAL</u>				
<u>155</u>	<u>PROCEDURES AGE >17 W/O CC</u>	<u>1.3751</u>	<u>1.000</u>	<u>1.3751</u>	<u>3.3</u>
	<u>STOMACH, ESOPHAGEAL & DUODENAL</u>				
<u>156</u>	<u>PROCEDURES AGE 0-17</u>	<u>0.8436</u>	<u>1.000</u>	<u>0.8436</u>	<u>6</u>
<u>157</u>	<u>ANAL & STOMAL PROCEDURES W CC</u>	<u>1.2388</u>	<u>1.000</u>	<u>1.2388</u>	<u>3.9</u>
<u>158</u>	<u>ANAL & STOMAL PROCEDURES W/O CC</u>	<u>0.6638</u>	<u>1.000</u>	<u>0.6638</u>	<u>2.1</u>

<u>159</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC</u>	<u>1.3347</u>	<u>1.000</u>	<u>1.3347</u>	<u>3.8</u>
<u>160</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC</u>	<u>0.7837</u>	<u>0.902</u>	<u>0.7066</u>	<u>2.2</u>
<u>161</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC</u>	<u>1.1017</u>	<u>1.000</u>	<u>1.1017</u>	<u>2.9</u>
<u>162</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC</u>	<u>0.6229</u>	<u>0.867</u>	<u>0.5402</u>	<u>1.6</u>
<u>163</u>	<u>HERNIA PROCEDURES AGE 0-17</u>	<u>0.6921</u>	<u>1.000</u>	<u>0.6921</u>	<u>2.4</u>
<u>164</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC</u>	<u>2.376</u>	<u>1.000</u>	<u>2.3760</u>	<u>7.1</u>
<u>165</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>1.2838</u>	<u>1.000</u>	<u>1.2838</u>	<u>4.3</u>
<u>166</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC</u>	<u>1.4802</u>	<u>1.000</u>	<u>1.4802</u>	<u>4</u>
<u>167</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>0.8937</u>	<u>1.000</u>	<u>0.8937</u>	<u>2.3</u>
<u>168</u>	<u>MOUTH PROCEDURES W CC</u>	<u>1.2141</u>	<u>1.000</u>	<u>1.2141</u>	<u>3.2</u>
<u>169</u>	<u>MOUTH PROCEDURES W/O CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>1.9</u>
<u>170</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC</u>	<u>2.8686</u>	<u>1.000</u>	<u>2.8686</u>	<u>7.7</u>
<u>171</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1975</u>	<u>1.000</u>	<u>1.1975</u>	<u>3.6</u>
<u>172</u>	<u>DIGESTIVE MALIGNANCY W CC</u>	<u>1.3485</u>	<u>1.000</u>	<u>1.3485</u>	<u>5.1</u>
<u>173</u>	<u>DIGESTIVE MALIGNANCY W/O CC</u>	<u>0.77</u>	<u>1.000</u>	<u>0.7700</u>	<u>2.8</u>
<u>174</u>	<u>G.I. HEMORRHAGE W CC</u>	<u>0.9985</u>	<u>1.000</u>	<u>0.9985</u>	<u>3.9</u>
<u>175</u>	<u>G.I. HEMORRHAGE W/O CC</u>	<u>0.5501</u>	<u>1.000</u>	<u>0.5501</u>	<u>2.5</u>
<u>176</u>	<u>COMPLICATED PEPTIC ULCER</u>	<u>1.1052</u>	<u>1.000</u>	<u>1.1052</u>	<u>4.1</u>
<u>177</u>	<u>UNCOMPLICATED PEPTIC ULCER W CC</u>	<u>0.8998</u>	<u>1.000</u>	<u>0.8998</u>	<u>3.7</u>
<u>178</u>	<u>UNCOMPLICATED PEPTIC ULCER W/O CC</u>	<u>0.6604</u>	<u>1.000</u>	<u>0.6604</u>	<u>2.6</u>
<u>179</u>	<u>INFLAMMATORY BOWEL DISEASE</u>	<u>1.0576</u>	<u>1.000</u>	<u>1.0576</u>	<u>4.7</u>

<u>180</u>	<u>G.I. OBSTRUCTION W CC</u>	<u>0.9423</u>	<u>1.000</u>	<u>0.9423</u>	<u>4.2</u>
<u>181</u>	<u>G.I. OBSTRUCTION W/O CC</u>	<u>0.5304</u>	<u>1.000</u>	<u>0.5304</u>	<u>2.8</u>
<u>182</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC</u>	<u>0.7922</u>	<u>1.000</u>	<u>0.7922</u>	<u>3.4</u>
<u>183</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC</u>	<u>0.5717</u>	<u>1.000</u>	<u>0.5717</u>	<u>2.4</u>
<u>184</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17</u>	<u>0.5119</u>	<u>1.000</u>	<u>0.5119</u>	<u>2.5</u>
<u>185</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>3.3</u>
<u>186</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17</u>	<u>0.3216</u>	<u>1.000</u>	<u>0.3216</u>	<u>2.9</u>
<u>187</u>	<u>DENTAL EXTRACTIONS & RESTORATIONS</u>	<u>0.7649</u>	<u>1.000</u>	<u>0.7649</u>	<u>2.9</u>
<u>188</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC</u>	<u>1.1005</u>	<u>1.000</u>	<u>1.1005</u>	<u>4.1</u>
<u>189</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC</u>	<u>0.5796</u>	<u>1.000</u>	<u>0.5796</u>	<u>2.4</u>
<u>190</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17</u>	<u>0.9884</u>	<u>1.000</u>	<u>0.9884</u>	<u>4.1</u>
<u>191</u>	<u>PANCREAS, LIVER & SHUNT PROCEDURES W CC</u>	<u>4.3914</u>	<u>1.000</u>	<u>4.3914</u>	<u>10.5</u>
<u>192</u>	<u>PANCREAS, LIVER & SHUNT PROCEDURES W/O CC</u>	<u>1.7916</u>	<u>1.000</u>	<u>1.7916</u>	<u>5.3</u>
<u>193</u>	<u>BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC</u>	<u>3.3861</u>	<u>1.000</u>	<u>3.3861</u>	<u>10.3</u>
<u>194</u>	<u>BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC</u>	<u>1.6191</u>	<u>1.000</u>	<u>1.6191</u>	<u>5.6</u>
<u>195</u>	<u>CHOLECYSTECTOMY W C.D.E. W CC</u>	<u>2.9062</u>	<u>1.000</u>	<u>2.9062</u>	<u>8.3</u>
<u>196</u>	<u>CHOLECYSTECTOMY W C.D.E. W/O CC</u>	<u>1.6593</u>	<u>1.000</u>	<u>1.6593</u>	<u>4.9</u>
<u>197</u>	<u>CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC</u>	<u>2.4544</u>	<u>1.000</u>	<u>2.4544</u>	<u>7.2</u>

<u>198</u>	<u>CHOLECYSTECTOMY EXCEPT BY</u> <u>LAPAROSCOPE W/O C.D.E. W/O CC</u>	<u>1.2339</u>	<u>1.000</u>	<u>1.2339</u>	<u>3.9</u>
<u>199</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE</u> <u>FOR MALIGNANCY</u>	<u>2.3584</u>	<u>1.000</u>	<u>2.3584</u>	<u>7.2</u>
<u>200</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE</u> <u>FOR NON-MALIGNANCY</u>	<u>3.2262</u>	<u>1.000</u>	<u>3.2262</u>	<u>7</u>
<u>201</u>	<u>OTHER HEPATOBIILIARY OR PANCREAS O.R.</u> <u>PROCEDURES</u>	<u>3.4035</u>	<u>1.000</u>	<u>3.4035</u>	<u>10.2</u>
<u>202</u>	<u>CIRRHOSIS & ALCOHOLIC HEPATITIS</u>	<u>1.3001</u>	<u>1.000</u>	<u>1.3001</u>	<u>4.9</u>
<u>203</u>	<u>MALIGNANCY OF HEPATOBIILIARY SYSTEM</u> <u>OR PANCREAS</u>	<u>1.325</u>	<u>1.000</u>	<u>1.3250</u>	<u>5</u>
<u>204</u>	<u>DISORDERS OF PANCREAS EXCEPT</u> <u>MALIGNANCY</u>	<u>1.2018</u>	<u>1.000</u>	<u>1.2018</u>	<u>4.5</u>
<u>205</u>	<u>DISORDERS OF LIVER EXCEPT</u> <u>MALIG,CIRR,ALC HEPA W CC</u>	<u>1.2048</u>	<u>1.000</u>	<u>1.2048</u>	<u>4.7</u>
<u>206</u>	<u>DISORDERS OF LIVER EXCEPT</u> <u>MALIG,CIRR,ALC HEPA W/O CC</u>	<u>0.6751</u>	<u>1.000</u>	<u>0.6751</u>	<u>3</u>
<u>207</u>	<u>DISORDERS OF THE BILIARY TRACT W CC</u>	<u>1.1032</u>	<u>1.000</u>	<u>1.1032</u>	<u>4</u>
<u>208</u>	<u>DISORDERS OF THE BILIARY TRACT W/O CC</u>	<u>0.6538</u>	<u>1.000</u>	<u>0.6538</u>	<u>2.3</u>
<u>209</u>	<u>MAJOR JOINT & LIMB REATTACHMENT</u> <u>PROCEDURES OF LOWER EXTREMITY</u>	<u>2.0912</u>	<u>0.950</u>	<u>1.9866</u>	<u>4.6</u>
<u>210</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR</u> <u>JOINT AGE >17 W CC</u>	<u>1.8152</u>	<u>1.180</u>	<u>2.1419</u>	<u>6</u>
<u>211</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR</u> <u>JOINT AGE >17 W/O CC</u>	<u>1.2647</u>	<u>0.973</u>	<u>1.2300</u>	<u>4.5</u>
<u>212</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR</u> <u>JOINT AGE 0-17</u>	<u>0.8472</u>	<u>1.000</u>	<u>0.8472</u>	<u>11.1</u>
<u>213</u>	<u>AMPUTATION FOR MUSCULOSKELETAL</u> <u>SYSTEM & CONN TISSUE DISORDERS</u>	<u>1.7726</u>	<u>1.000</u>	<u>1.7726</u>	<u>6.4</u>
<u>214</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.967</u>	<u>0.0000</u>	<u>0</u>

<u>215</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.956</u>	<u>0.0000</u>	<u>0</u>
<u>216</u>	<u>BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>	<u>2.2042</u>	<u>1.000</u>	<u>2.2042</u>	<u>7.1</u>
<u>217</u>	<u>WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCULOSKELET & CONN TISS DIS</u>	<u>2.923</u>	<u>0.572</u>	<u>1.6711</u>	<u>8.9</u>
<u>218</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC</u>	<u>1.5337</u>	<u>1.030</u>	<u>1.5794</u>	<u>4.2</u>
<u>219</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC</u>	<u>1.0255</u>	<u>0.968</u>	<u>0.9928</u>	<u>2.7</u>
<u>220</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17</u>	<u>0.5844</u>	<u>1.000</u>	<u>0.5844</u>	<u>5.3</u>
<u>221</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.818</u>	<u>0.0000</u>	<u>0</u>
<u>222</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.038</u>	<u>0.0000</u>	<u>0</u>
<u>223</u>	<u>MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC</u>	<u>0.9585</u>	<u>0.885</u>	<u>0.8483</u>	<u>2</u>
<u>224</u>	<u>SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC</u>	<u>0.7997</u>	<u>1.012</u>	<u>0.8095</u>	<u>1.7</u>
<u>225</u>	<u>FOOT PROCEDURES</u>	<u>1.0851</u>	<u>1.001</u>	<u>1.0860</u>	<u>3.3</u>
<u>226</u>	<u>SOFT TISSUE PROCEDURES W CC</u>	<u>1.477</u>	<u>1.000</u>	<u>1.4770</u>	<u>4.3</u>
<u>227</u>	<u>SOFT TISSUE PROCEDURES W/O CC</u>	<u>0.8036</u>	<u>0.944</u>	<u>0.7588</u>	<u>2.1</u>
<u>228</u>	<u>MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC</u>	<u>1.0664</u>	<u>0.906</u>	<u>0.9665</u>	<u>2.4</u>
<u>229</u>	<u>HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC</u>	<u>0.7169</u>	<u>1.037</u>	<u>0.7432</u>	<u>1.8</u>
<u>230</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR</u>	<u>1.249</u>	<u>1.000</u>	<u>1.2490</u>	<u>3.4</u>
<u>231</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR</u>	<u>1.3825</u>	<u>0.734</u>	<u>1.0149</u>	<u>3.2</u>
<u>232</u>	<u>ARTHROSCOPY</u>	<u>1.0828</u>	<u>0.817</u>	<u>0.8842</u>	<u>2.3</u>
<u>233</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC</u>	<u>2.089</u>	<u>1.000</u>	<u>2.0890</u>	<u>5.3</u>

	<u>OTHER MUSCULOSKELET SYS & CONN TISS</u>				
<u>234</u>	<u>O.R. PROC W/O CC</u>	<u>1.2661</u>	<u>0.813</u>	<u>1.0297</u>	<u>2.7</u>
<u>235</u>	<u>FRACTURES OF FEMUR</u>	<u>0.7582</u>	<u>1.000</u>	<u>0.7582</u>	<u>3.8</u>
<u>236</u>	<u>FRACTURES OF HIP & PELVIS</u>	<u>0.7218</u>	<u>0.979</u>	<u>0.7066</u>	<u>4</u>
<u>237</u>	<u>SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH</u>	<u>0.5681</u>	<u>1.000</u>	<u>0.5681</u>	<u>3</u>
<u>238</u>	<u>OSTEOMYELITIS</u>	<u>1.3496</u>	<u>1.000</u>	<u>1.3496</u>	<u>6.4</u>
<u>239</u>	<u>PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY</u>	<u>0.9745</u>	<u>1.000</u>	<u>0.9745</u>	<u>4.9</u>
<u>240</u>	<u>CONNECTIVE TISSUE DISORDERS W CC</u>	<u>1.2712</u>	<u>1.000</u>	<u>1.2712</u>	<u>4.9</u>
<u>241</u>	<u>CONNECTIVE TISSUE DISORDERS W/O CC</u>	<u>0.6177</u>	<u>1.000</u>	<u>0.6177</u>	<u>3.1</u>
<u>242</u>	<u>SEPTIC ARTHRITIS</u>	<u>1.0724</u>	<u>1.000</u>	<u>1.0724</u>	<u>5.1</u>
<u>243</u>	<u>MEDICAL BACK PROBLEMS</u>	<u>0.7262</u>	<u>0.761</u>	<u>0.5526</u>	<u>3.7</u>
<u>244</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W CC</u>	<u>0.7155</u>	<u>1.000</u>	<u>0.7155</u>	<u>3.7</u>
<u>245</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC</u>	<u>0.4832</u>	<u>1.000</u>	<u>0.4832</u>	<u>2.8</u>
<u>246</u>	<u>NON-SPECIFIC ARTHROPATHIES</u>	<u>0.557</u>	<u>1.000</u>	<u>0.5570</u>	<u>2.9</u>
<u>247</u>	<u>SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE</u>	<u>0.5696</u>	<u>1.000</u>	<u>0.5696</u>	<u>2.6</u>
<u>248</u>	<u>TENDONITIS, MYOSITIS & BURSITIS</u>	<u>0.7864</u>	<u>1.000</u>	<u>0.7864</u>	<u>3.7</u>
<u>249</u>	<u>AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>	<u>0.6913</u>	<u>1.000</u>	<u>0.6913</u>	<u>2.6</u>
<u>250</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC</u>	<u>0.6929</u>	<u>1.000</u>	<u>0.6929</u>	<u>3.3</u>
<u>251</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC</u>	<u>0.4995</u>	<u>0.901</u>	<u>0.4501</u>	<u>2.4</u>
<u>252</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17</u>	<u>0.2538</u>	<u>1.000</u>	<u>0.2538</u>	<u>1.8</u>

<u>253</u>	<u>FX, SPRN, STRN & DISL OF UPARM,LOWLEG</u> <u>EX FOOT AGE >17 W CC</u>	<u>0.7253</u>	<u>1.000</u>	<u>0.7253</u>	<u>3.7</u>
<u>254</u>	<u>FX, SPRN, STRN & DISL OF UPARM,LOWLEG</u> <u>EX FOOT AGE >17 W/O CC</u>	<u>0.4413</u>	<u>1.003</u>	<u>0.4427</u>	<u>2.6</u>
<u>255</u>	<u>FX, SPRN, STRN & DISL OF UPARM,LOWLEG</u> <u>EX FOOT AGE 0-17</u>	<u>0.2956</u>	<u>1.000</u>	<u>0.2956</u>	<u>2.9</u>
<u>256</u>	<u>OTHER MUSCULOSKELETAL SYSTEM &</u> <u>CONNECTIVE TISSUE DIAGNOSES</u>	<u>0.7959</u>	<u>1.000</u>	<u>0.7959</u>	<u>3.8</u>
<u>257</u>	<u>TOTAL MASTECTOMY FOR MALIGNANCY W</u> <u>CC</u>	<u>0.9107</u>	<u>1.000</u>	<u>0.9107</u>	<u>2.3</u>
<u>258</u>	<u>TOTAL MASTECTOMY FOR MALIGNANCY</u> <u>W/O CC</u>	<u>0.7232</u>	<u>1.000</u>	<u>0.7232</u>	<u>1.8</u>
<u>259</u>	<u>SUBTOTAL MASTECTOMY FOR</u> <u>MALIGNANCY W CC</u>	<u>0.9068</u>	<u>1.000</u>	<u>0.9068</u>	<u>1.8</u>
<u>260</u>	<u>SUBTOTAL MASTECTOMY FOR</u> <u>MALIGNANCY W/O CC</u>	<u>0.6532</u>	<u>1.000</u>	<u>0.6532</u>	<u>1.3</u>
<u>261</u>	<u>BREAST PROC FOR NON-MALIGNANCY</u> <u>EXCEPT BIOPSY & LOCAL EXCISION</u>	<u>0.9362</u>	<u>1.000</u>	<u>0.9362</u>	<u>1.7</u>
<u>262</u>	<u>BREAST BIOPSY & LOCAL EXCISION FOR</u> <u>NON-MALIGNANCY</u>	<u>0.8754</u>	<u>1.000</u>	<u>0.8754</u>	<u>2.7</u>
<u>263</u>	<u>SKIN GRAFT &/OR DEBRID FOR SKN ULCER</u> <u>OR CELLULITIS W CC</u>	<u>2.1219</u>	<u>1.000</u>	<u>2.1219</u>	<u>8.9</u>
<u>264</u>	<u>SKIN GRAFT &/OR DEBRID FOR SKN ULCER</u> <u>OR CELLULITIS W/O CC</u>	<u>1.1479</u>	<u>1.000</u>	<u>1.1479</u>	<u>5.4</u>
<u>265</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT FOR</u> <u>SKIN ULCER OR CELLULITIS W CC</u>	<u>1.5309</u>	<u>1.000</u>	<u>1.5309</u>	<u>4.3</u>
<u>266</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN</u> <u>ULCER OR CELLULITIS W/O CC</u>	<u>0.8707</u>	<u>1.131</u>	<u>0.9844</u>	<u>2.4</u>
<u>267</u>	<u>PERIANAL & PILONIDAL PROCEDURES</u>	<u>1.0792</u>	<u>1.000</u>	<u>1.0792</u>	<u>3.1</u>
<u>268</u>	<u>SKIN, SUBCUTANEOUS TISSUE & BREAST</u> <u>PLASTIC PROCEDURES</u>	<u>1.1405</u>	<u>1.000</u>	<u>1.1405</u>	<u>2.4</u>

<u>269</u>	<u>OTHER SKIN, SUBCUT TISS & BREAST PROC</u> <u>W CC</u>	<u>1.7004</u>	<u>1.000</u>	<u>1.7004</u>	<u>5.8</u>
<u>270</u>	<u>OTHER SKIN, SUBCUT TISS & BREAST PROC</u> <u>W/O CC</u>	<u>0.767</u>	<u>1.000</u>	<u>0.7670</u>	<u>2.3</u>
<u>271</u>	<u>SKIN ULCERS</u>	<u>1.0104</u>	<u>1.000</u>	<u>1.0104</u>	<u>5.5</u>
<u>272</u>	<u>MAJOR SKIN DISORDERS W CC</u>	<u>0.9994</u>	<u>1.000</u>	<u>0.9994</u>	<u>4.8</u>
<u>273</u>	<u>MAJOR SKIN DISORDERS W/O CC</u>	<u>0.6179</u>	<u>1.000</u>	<u>0.6179</u>	<u>3.2</u>
<u>274</u>	<u>MALIGNANT BREAST DISORDERS W CC</u>	<u>1.2061</u>	<u>1.000</u>	<u>1.2061</u>	<u>4.9</u>
<u>275</u>	<u>MALIGNANT BREAST DISORDERS W/O CC</u>	<u>0.5301</u>	<u>1.000</u>	<u>0.5301</u>	<u>2.4</u>
<u>276</u>	<u>NON-MALIGANT BREAST DISORDERS</u>	<u>0.6899</u>	<u>1.000</u>	<u>0.6899</u>	<u>3.6</u>
<u>277</u>	<u>CELLULITIS AGE >17 W CC</u>	<u>0.8396</u>	<u>0.791</u>	<u>0.6641</u>	<u>4.7</u>
<u>278</u>	<u>CELLULITIS AGE >17 W/O CC</u>	<u>0.5522</u>	<u>0.865</u>	<u>0.4779</u>	<u>3.6</u>
<u>279</u>	<u>CELLULITIS AGE 0-17</u>	<u>0.6644</u>	<u>1.000</u>	<u>0.6644</u>	<u>4.2</u>
<u>280</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS &</u> <u>BREAST AGE >17 W CC</u>	<u>0.6788</u>	<u>1.000</u>	<u>0.6788</u>	<u>3.2</u>
<u>281</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS &</u> <u>BREAST AGE >17 W/O CC</u>	<u>0.4729</u>	<u>0.971</u>	<u>0.4591</u>	<u>2.4</u>
<u>282</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS &</u> <u>BREAST AGE 0-17</u>	<u>0.257</u>	<u>1.000</u>	<u>0.2570</u>	<u>2.2</u>
<u>283</u>	<u>MINOR SKIN DISORDERS W CC</u>	<u>0.6917</u>	<u>1.000</u>	<u>0.6917</u>	<u>3.5</u>
<u>284</u>	<u>MINOR SKIN DISORDERS W/O CC</u>	<u>0.4336</u>	<u>1.000</u>	<u>0.4336</u>	<u>2.5</u>
<u>285</u>	<u>AMPUTAT OF LOWER LIMB FOR</u> <u>ENDOCRINE,NUTRIT,& METABOL</u> <u>DISORDERS</u>	<u>1.9961</u>	<u>1.000</u>	<u>1.9961</u>	<u>7.7</u>
<u>286</u>	<u>ADRENAL & PITUITARY PROCEDURES</u>	<u>2.1299</u>	<u>1.000</u>	<u>2.1299</u>	<u>4.9</u>
<u>287</u>	<u>SKIN GRAFTS & WOUND DEBRID FOR</u> <u>ENDOC, NUTRIT & METAB DISORDERS</u>	<u>1.8283</u>	<u>1.000</u>	<u>1.8283</u>	<u>7.8</u>
<u>288</u>	<u>O.R. PROCEDURES FOR OBESITY</u>	<u>2.1607</u>	<u>1.000</u>	<u>2.1607</u>	<u>4.5</u>
<u>289</u>	<u>PARATHYROID PROCEDURES</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>2</u>
<u>290</u>	<u>THYROID PROCEDURES</u>	<u>0.9193</u>	<u>1.000</u>	<u>0.9193</u>	<u>1.8</u>
<u>291</u>	<u>THYROGLOSSAL PROCEDURES</u>	<u>0.5487</u>	<u>1.000</u>	<u>0.5487</u>	<u>1.4</u>

<u>292</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R.</u> <u>PROC W CC</u>	<u>2.4538</u>	<u>1.000</u>	<u>2.4538</u>	<u>6.9</u>
<u>293</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R.</u> <u>PROC W/O CC</u>	<u>1.2289</u>	<u>1.000</u>	<u>1.2289</u>	<u>3.6</u>
<u>294</u>	<u>DIABETES AGE >35</u>	<u>0.7589</u>	<u>1.000</u>	<u>0.7589</u>	<u>3.6</u>
<u>295</u>	<u>DIABETES AGE 0-35</u>	<u>0.7587</u>	<u>1.000</u>	<u>0.7587</u>	<u>2.9</u>
<u>296</u>	<u>NUTRITIONAL & MISC METABOLIC</u> <u>DISORDERS AGE >17 W CC</u>	<u>0.8594</u>	<u>1.000</u>	<u>0.8594</u>	<u>4</u>
<u>297</u>	<u>NUTRITIONAL & MISC METABOLIC</u> <u>DISORDERS AGE >17 W/O CC</u>	<u>0.5179</u>	<u>1.000</u>	<u>0.5179</u>	<u>2.8</u>
<u>298</u>	<u>NUTRITIONAL & MISC METABOLIC</u> <u>DISORDERS AGE 0-17</u>	<u>0.5269</u>	<u>1.000</u>	<u>0.5269</u>	<u>2.5</u>
<u>299</u>	<u>INBORN ERRORS OF METABOLISM</u>	<u>0.9632</u>	<u>1.000</u>	<u>0.9632</u>	<u>4</u>
<u>300</u>	<u>ENDOCRINE DISORDERS W CC</u>	<u>1.0829</u>	<u>1.000</u>	<u>1.0829</u>	<u>4.7</u>
<u>301</u>	<u>ENDOCRINE DISORDERS W/O CC</u>	<u>0.6133</u>	<u>1.000</u>	<u>0.6133</u>	<u>2.9</u>
<u>302</u>	<u>KIDNEY TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>303</u>	<u>KIDNEY, URETER & MAJOR BLADDER</u> <u>PROCEDURES FOR NEOPLASM</u>	<u>2.4602</u>	<u>1.000</u>	<u>2.4602</u>	<u>7</u>
<u>304</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROC</u> <u>FOR NON-NEOPL W CC</u>	<u>2.3407</u>	<u>1.000</u>	<u>2.3407</u>	<u>6.4</u>
<u>305</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROC</u> <u>FOR NON-NEOPL W/O CC</u>	<u>1.1825</u>	<u>1.000</u>	<u>1.1825</u>	<u>3.1</u>
<u>306</u>	<u>PROSTATECTOMY W CC</u>	<u>1.2489</u>	<u>1.000</u>	<u>1.2489</u>	<u>3.7</u>
<u>307</u>	<u>PROSTATECTOMY W/O CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>1.9</u>
<u>308</u>	<u>MINOR BLADDER PROCEDURES W CC</u>	<u>1.6449</u>	<u>1.000</u>	<u>1.6449</u>	<u>4.2</u>
<u>309</u>	<u>MINOR BLADDER PROCEDURES W/O CC</u>	<u>0.9339</u>	<u>1.000</u>	<u>0.9339</u>	<u>2</u>
<u>310</u>	<u>TRANSURETHRAL PROCEDURES W CC</u>	<u>1.1172</u>	<u>1.000</u>	<u>1.1172</u>	<u>3</u>
<u>311</u>	<u>TRANSURETHRAL PROCEDURES W/O CC</u>	<u>0.6174</u>	<u>1.000</u>	<u>0.6174</u>	<u>1.6</u>
<u>312</u>	<u>URETHRAL PROCEDURES, AGE >17 W CC</u>	<u>1.0173</u>	<u>1.000</u>	<u>1.0173</u>	<u>3</u>
<u>313</u>	<u>URETHRAL PROCEDURES, AGE >17 W/O CC</u>	<u>0.6444</u>	<u>1.000</u>	<u>0.6444</u>	<u>1.7</u>
<u>314</u>	<u>URETHRAL PROCEDURES, AGE 0-17</u>	<u>0.4953</u>	<u>1.000</u>	<u>0.4953</u>	<u>2.3</u>

<u>315</u>	<u>OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES</u>	<u>2.0474</u>	<u>1.000</u>	<u>2.0474</u>	<u>4.2</u>
<u>316</u>	<u>RENAL FAILURE</u>	<u>1.3424</u>	<u>1.000</u>	<u>1.3424</u>	<u>4.9</u>
<u>317</u>	<u>ADMIT FOR RENAL DIALYSIS</u>	<u>0.7395</u>	<u>1.000</u>	<u>0.7395</u>	<u>2.1</u>
<u>318</u>	<u>KIDNEY & URINARY TRACT NEOPLASMS W CC</u>	<u>1.1313</u>	<u>1.000</u>	<u>1.1313</u>	<u>4.3</u>
<u>319</u>	<u>KIDNEY & URINARY TRACT NEOPLASMS W/O CC</u>	<u>0.604</u>	<u>1.000</u>	<u>0.6040</u>	<u>2.2</u>
<u>320</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>4.3</u>
<u>321</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC</u>	<u>0.5686</u>	<u>1.000</u>	<u>0.5686</u>	<u>3.2</u>
<u>322</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE 0-17</u>	<u>0.4939</u>	<u>1.000</u>	<u>0.4939</u>	<u>3.3</u>
<u>323</u>	<u>URINARY STONES W CC, &/OR ESW LITHOTRIPSY</u>	<u>0.7996</u>	<u>1.000</u>	<u>0.7996</u>	<u>2.4</u>
<u>324</u>	<u>URINARY STONES W/O CC</u>	<u>0.4509</u>	<u>1.000</u>	<u>0.4509</u>	<u>1.6</u>
<u>325</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>3</u>
<u>326</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC</u>	<u>0.4297</u>	<u>1.000</u>	<u>0.4297</u>	<u>2.1</u>
<u>327</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17</u>	<u>0.3543</u>	<u>1.000</u>	<u>0.3543</u>	<u>3.1</u>
<u>328</u>	<u>URETHRAL STRICTURE AGE >17 W CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>2.8</u>
<u>329</u>	<u>URETHRAL STRICTURE AGE >17 W/O CC</u>	<u>0.5253</u>	<u>1.000</u>	<u>0.5253</u>	<u>1.7</u>
<u>330</u>	<u>URETHRAL STRICTURE AGE 0-17</u>	<u>0.3191</u>	<u>1.000</u>	<u>0.3191</u>	<u>1.6</u>
<u>331</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC</u>	<u>1.0221</u>	<u>1.000</u>	<u>1.0221</u>	<u>4.1</u>
<u>332</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC</u>	<u>0.5997</u>	<u>1.000</u>	<u>0.5997</u>	<u>2.5</u>

	<u>OTHER KIDNEY & URINARY TRACT</u>				
<u>333</u>	<u>DIAGNOSES AGE 0-17</u>	<u>0.8247</u>	<u>1.000</u>	<u>0.8247</u>	<u>3.5</u>
<u>334</u>	<u>MAJOR MALE PELVIC PROCEDURES W CC</u>	<u>1.5591</u>	<u>1.000</u>	<u>1.5591</u>	<u>4.2</u>
<u>335</u>	<u>MAJOR MALE PELVIC PROCEDURES W/O CC</u>	<u>1.1697</u>	<u>1.000</u>	<u>1.1697</u>	<u>3.2</u>
<u>336</u>	<u>TRANSURETHRAL PROSTATECTOMY W CC</u>	<u>0.888</u>	<u>1.000</u>	<u>0.8880</u>	<u>2.7</u>
<u>337</u>	<u>TRANSURETHRAL PROSTATECTOMY W/O CC</u>	<u>0.6152</u>	<u>1.000</u>	<u>0.6152</u>	<u>1.9</u>
<u>338</u>	<u>TESTES PROCEDURES, FOR MALIGNANCY</u>	<u>1.19</u>	<u>1.000</u>	<u>1.1900</u>	<u>3.5</u>
<u>339</u>	<u>TESTES PROCEDURES, NON-MALIGNANCY AGE >17</u>	<u>1.0769</u>	<u>1.000</u>	<u>1.0769</u>	<u>3</u>
<u>340</u>	<u>TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17</u>	<u>0.2835</u>	<u>1.000</u>	<u>0.2835</u>	<u>2.4</u>
<u>341</u>	<u>PENIS PROCEDURES</u>	<u>1.1709</u>	<u>1.000</u>	<u>1.1709</u>	<u>2.1</u>
<u>342</u>	<u>CIRCUMCISION AGE >17</u>	<u>0.824</u>	<u>1.000</u>	<u>0.8240</u>	<u>2.5</u>
<u>343</u>	<u>CIRCUMCISION AGE 0-17</u>	<u>0.1541</u>	<u>1.000</u>	<u>0.1541</u>	<u>1.7</u>
<u>344</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY</u>	<u>1.1519</u>	<u>1.000</u>	<u>1.1519</u>	<u>1.6</u>
<u>345</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY</u>	<u>0.88</u>	<u>1.000</u>	<u>0.8800</u>	<u>2.6</u>
<u>346</u>	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC</u>	<u>0.9756</u>	<u>1.000</u>	<u>0.9756</u>	<u>4.3</u>
<u>347</u>	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC</u>	<u>0.5922</u>	<u>1.000</u>	<u>0.5922</u>	<u>2.4</u>
<u>348</u>	<u>BENIGN PROSTATIC HYPERTROPHY W CC</u>	<u>0.7142</u>	<u>1.000</u>	<u>0.7142</u>	<u>3.2</u>
<u>349</u>	<u>BENIGN PROSTATIC HYPERTROPHY W/O CC</u>	<u>0.438</u>	<u>1.000</u>	<u>0.4380</u>	<u>2</u>
<u>350</u>	<u>INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM</u>	<u>0.6992</u>	<u>1.000</u>	<u>0.6992</u>	<u>3.6</u>
<u>351</u>	<u>STERILIZATION, MALE</u>	<u>0.2364</u>	<u>1.000</u>	<u>0.2364</u>	<u>1.3</u>

<u>352</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM</u> <u>DIAGNOSES</u>	<u>0.6858</u>	<u>1.000</u>	<u>0.6858</u>	<u>2.8</u>
<u>353</u>	<u>PELVIC EVISCERATION, RADICAL</u> <u>HYSTERECTOMY & RADICAL VULVECTOMY</u>	<u>1.9292</u>	<u>1.000</u>	<u>1.9292</u>	<u>5.3</u>
<u>354</u>	<u>UTERINE,ADNEXA PROC FOR NON-</u> <u>OVARIAN/ADNEXAL MALIG W CC</u>	<u>1.5284</u>	<u>1.000</u>	<u>1.5284</u>	<u>4.9</u>
<u>355</u>	<u>UTERINE,ADNEXA PROC FOR NON-</u> <u>OVARIAN/ADNEXAL MALIG W/O CC</u>	<u>0.9278</u>	<u>1.000</u>	<u>0.9278</u>	<u>3.1</u>
<u>356</u>	<u>FEMALE REPRODUCTIVE SYSTEM</u> <u>RECONSTRUCTIVE PROCEDURES</u>	<u>0.7846</u>	<u>1.000</u>	<u>0.7846</u>	<u>2.1</u>
<u>357</u>	<u>UTERINE & ADNEXA PROC FOR OVARIAN</u> <u>OR ADNEXAL MALIGNANCY</u>	<u>2.3628</u>	<u>1.000</u>	<u>2.3628</u>	<u>6.9</u>
<u>358</u>	<u>UTERINE & ADNEXA PROC FOR NON-</u> <u>MALIGNANCY W CC</u>	<u>1.2263</u>	<u>1.000</u>	<u>1.2263</u>	<u>3.7</u>
<u>359</u>	<u>UTERINE & ADNEXA PROC FOR NON-</u> <u>MALIGNANCY W/O CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>2.6</u>
<u>360</u>	<u>VAGINA, CERVIX & VULVA PROCEDURES</u>	<u>0.886</u>	<u>1.000</u>	<u>0.8860</u>	<u>2.4</u>
<u>361</u>	<u>LAPAROSCOPY & INCISIONAL TUBAL</u> <u>INTERRUPTION</u>	<u>1.2318</u>	<u>1.000</u>	<u>1.2318</u>	<u>2.2</u>
<u>362</u>	<u>ENDOSCOPIC TUBAL INTERRUPTION</u>	<u>0.3022</u>	<u>1.000</u>	<u>0.3022</u>	<u>1.4</u>
<u>363</u>	<u>D&C, CONIZATION & RADIO-IMPLANT, FOR</u> <u>MALIGNANCY</u>	<u>0.8136</u>	<u>1.000</u>	<u>0.8136</u>	<u>2.5</u>
<u>364</u>	<u>D&C, CONIZATION EXCEPT FOR</u> <u>MALIGNANCY</u>	<u>0.753</u>	<u>1.000</u>	<u>0.7530</u>	<u>2.6</u>
<u>365</u>	<u>OTHER FEMALE REPRODUCTIVE SYSTEM</u> <u>O.R. PROCEDURES</u>	<u>1.8425</u>	<u>1.000</u>	<u>1.8425</u>	<u>4.9</u>
<u>366</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE</u> <u>SYSTEM W CC</u>	<u>1.2467</u>	<u>1.000</u>	<u>1.2467</u>	<u>4.8</u>
<u>367</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE</u> <u>SYSTEM W/O CC</u>	<u>0.5676</u>	<u>1.000</u>	<u>0.5676</u>	<u>2.4</u>

<u>368</u>	<u>INFECTIONS, FEMALE REPRODUCTIVE SYSTEM</u>	<u>1.1205</u>	<u>1.000</u>	<u>1.1205</u>	<u>5</u>
<u>369</u>	<u>MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS</u>	<u>0.5704</u>	<u>1.000</u>	<u>0.5704</u>	<u>2.4</u>
<u>370</u>	<u>CESAREAN SECTION W CC</u>	<u>1.0631</u>	<u>1.000</u>	<u>1.0631</u>	<u>4.4</u>
<u>371</u>	<u>CESAREAN SECTION W/O CC</u>	<u>0.7157</u>	<u>1.000</u>	<u>0.7157</u>	<u>3.3</u>
<u>372</u>	<u>VAGINAL DELIVERY W COMPLICATING DIAGNOSES</u>	<u>0.6077</u>	<u>1.000</u>	<u>0.6077</u>	<u>2.7</u>
<u>373</u>	<u>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</u>	<u>0.4169</u>	<u>1.000</u>	<u>0.4169</u>	<u>2</u>
<u>374</u>	<u>VAGINAL DELIVERY W STERILIZATION &/OR D&C</u>	<u>0.7565</u>	<u>1.000</u>	<u>0.7565</u>	<u>2.6</u>
<u>375</u>	<u>VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C</u>	<u>0.686</u>	<u>1.000</u>	<u>0.6860</u>	<u>4.4</u>
<u>376</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE</u>	<u>0.5224</u>	<u>1.000</u>	<u>0.5224</u>	<u>2.6</u>
<u>377</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE</u>	<u>0.8899</u>	<u>1.000</u>	<u>0.8899</u>	<u>2.6</u>
<u>378</u>	<u>ECTOPIC PREGNANCY</u>	<u>0.7664</u>	<u>1.000</u>	<u>0.7664</u>	<u>2</u>
<u>379</u>	<u>THREATENED ABORTION</u>	<u>0.3959</u>	<u>1.000</u>	<u>0.3959</u>	<u>2</u>
<u>380</u>	<u>ABORTION W/O D&C</u>	<u>0.4843</u>	<u>1.000</u>	<u>0.4843</u>	<u>1.8</u>
<u>381</u>	<u>ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY</u>	<u>0.5331</u>	<u>1.000</u>	<u>0.5331</u>	<u>1.5</u>
<u>382</u>	<u>FALSE LABOR</u>	<u>0.2127</u>	<u>1.000</u>	<u>0.2127</u>	<u>1.3</u>
<u>383</u>	<u>OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS</u>	<u>0.5137</u>	<u>1.000</u>	<u>0.5137</u>	<u>2.7</u>
<u>384</u>	<u>OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS</u>	<u>0.3161</u>	<u>1.000</u>	<u>0.3161</u>	<u>1.6</u>
<u>385</u>	<u>NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY</u>	<u>1.3767</u>	<u>1.000</u>	<u>1.3767</u>	<u>1.8</u>

<u>386</u>	<u>EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE</u>	<u>4.54</u>	<u>1.000</u>	<u>4.5400</u>	<u>17.9</u>
<u>387</u>	<u>PREMATURITY W MAJOR PROBLEMS</u>	<u>3.1007</u>	<u>1.000</u>	<u>3.1007</u>	<u>13.3</u>
<u>388</u>	<u>PREMATURITY W/O MAJOR PROBLEMS</u>	<u>1.8709</u>	<u>1.000</u>	<u>1.8709</u>	<u>8.6</u>
<u>389</u>	<u>FULL TERM NEONATE W MAJOR PROBLEMS</u>	<u>1.8408</u>	<u>1.000</u>	<u>1.8408</u>	<u>4.7</u>
<u>390</u>	<u>NEONATE W OTHER SIGNIFICANT PROBLEMS</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>3</u>
<u>391</u>	<u>NORMAL NEWBORN</u>	<u>0.1527</u>	<u>1.000</u>	<u>0.1527</u>	<u>3.1</u>
<u>392</u>	<u>SPLENECTOMY AGE >17</u>	<u>3.1739</u>	<u>1.000</u>	<u>3.1739</u>	<u>7.1</u>
<u>393</u>	<u>SPLENECTOMY AGE 0-17</u>	<u>1.3486</u>	<u>1.000</u>	<u>1.3486</u>	<u>9.1</u>
<u>394</u>	<u>OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS</u>	<u>1.5969</u>	<u>1.000</u>	<u>1.5969</u>	<u>4.1</u>
<u>395</u>	<u>RED BLOOD CELL DISORDERS AGE >17</u>	<u>0.8257</u>	<u>1.000</u>	<u>0.8257</u>	<u>3.3</u>
<u>396</u>	<u>RED BLOOD CELL DISORDERS AGE 0-17</u>	<u>1.1573</u>	<u>1.000</u>	<u>1.1573</u>	<u>2.5</u>
<u>397</u>	<u>COAGULATION DISORDERS</u>	<u>1.2278</u>	<u>1.000</u>	<u>1.2278</u>	<u>3.8</u>
<u>398</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC</u>	<u>1.275</u>	<u>1.000</u>	<u>1.2750</u>	<u>4.7</u>
<u>399</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC</u>	<u>0.6881</u>	<u>1.000</u>	<u>0.6881</u>	<u>2.8</u>
<u>400</u>	<u>LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE</u>	<u>2.6309</u>	<u>1.000</u>	<u>2.6309</u>	<u>5.8</u>
<u>401</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC</u>	<u>2.7198</u>	<u>1.000</u>	<u>2.7198</u>	<u>7.8</u>
<u>402</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC</u>	<u>1.0985</u>	<u>1.000</u>	<u>1.0985</u>	<u>2.8</u>
<u>403</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W CC</u>	<u>1.7594</u>	<u>1.000</u>	<u>1.7594</u>	<u>5.7</u>
<u>404</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC</u>	<u>0.848</u>	<u>1.000</u>	<u>0.8480</u>	<u>3.1</u>

<u>405</u>	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17</u>	<u>1.912</u>	<u>1.000</u>	<u>1.9120</u>	<u>4.9</u>
<u>406</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC</u>	<u>2.8275</u>	<u>1.000</u>	<u>2.8275</u>	<u>7.6</u>
<u>407</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC</u>	<u>1.3179</u>	<u>1.000</u>	<u>1.3179</u>	<u>3.6</u>
<u>408</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC</u>	<u>2.0008</u>	<u>1.000</u>	<u>2.0008</u>	<u>4.8</u>
<u>409</u>	<u>RADIOTHERAPY</u>	<u>1.1215</u>	<u>1.000</u>	<u>1.1215</u>	<u>4.4</u>
<u>410</u>	<u>CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>0.9468</u>	<u>1.000</u>	<u>0.9468</u>	<u>2.9</u>
<u>411</u>	<u>HISTORY OF MALIGNANCY W/O ENDOSCOPY</u>	<u>0.3305</u>	<u>1.000</u>	<u>0.3305</u>	<u>2</u>
<u>412</u>	<u>HISTORY OF MALIGNANCY W ENDOSCOPY</u>	<u>0.4841</u>	<u>1.000</u>	<u>0.4841</u>	<u>2</u>
<u>413</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC</u>	<u>1.3645</u>	<u>1.000</u>	<u>1.3645</u>	<u>5.3</u>
<u>414</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC</u>	<u>0.7548</u>	<u>1.000</u>	<u>0.7548</u>	<u>3</u>
<u>415</u>	<u>O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES</u>	<u>3.5925</u>	<u>0.491</u>	<u>1.7628</u>	<u>10.4</u>
<u>416</u>	<u>SEPTICEMIA AGE >17</u>	<u>1.5278</u>	<u>1.000</u>	<u>1.5278</u>	<u>5.5</u>
<u>417</u>	<u>SEPTICEMIA AGE 0-17</u>	<u>1.1717</u>	<u>1.000</u>	<u>1.1717</u>	<u>3.7</u>
<u>418</u>	<u>POSTOPERATIVE & POST-TRAUMATIC INFECTIONS</u>	<u>1.0074</u>	<u>0.680</u>	<u>0.6851</u>	<u>4.8</u>
<u>419</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W CC</u>	<u>0.8709</u>	<u>1.000</u>	<u>0.8709</u>	<u>3.7</u>
<u>420</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC</u>	<u>0.6057</u>	<u>1.000</u>	<u>0.6057</u>	<u>3</u>
<u>421</u>	<u>VIRAL ILLNESS AGE >17</u>	<u>0.6796</u>	<u>1.000</u>	<u>0.6796</u>	<u>3.1</u>
<u>422</u>	<u>VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17</u>	<u>0.7854</u>	<u>1.000</u>	<u>0.7854</u>	<u>2.8</u>

<u>423</u>	<u>OTHER INFECTIOUS & PARASITIC DISEASES</u> <u>DIAGNOSES</u>	<u>1.725</u>	<u>1.000</u>	<u>1.7250</u>	<u>5.9</u>
<u>424</u>	<u>O.R. PROCEDURE W PRINCIPAL DIAGNOSES</u> <u>OF MENTAL ILLNESS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>425</u>	<u>ACUTE ADJUST REACT & DISTURBANCES</u> <u>OF PSYCHOSOCIAL DYSFUNCTION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>426</u>	<u>DEPRESSIVE NEUROSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>427</u>	<u>NEUROSES EXCEPT DEPRESSIVE</u> <u>DISORDERS OF PERSONALITY & IMPULSE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>428</u>	<u>CONTROL</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>429</u>	<u>ORGANIC DISTURBANCES & MENTAL</u> <u>RETARDATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>430</u>	<u>PSYCHOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>431</u>	<u>CHILDHOOD MENTAL DISORDERS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>432</u>	<u>OTHER MENTAL DISORDER DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>433</u>	<u>ALCOHOL/DRUG ABUSE OR DEPENDENCE,</u> <u>LEFT AMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>434</u>	<u>ALC/DRUG ABUSE OR DEPEND, DETOX OR</u> <u>OTH SYMPT TREAT W CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>435</u>	<u>ALC/DRUG ABUSE OR DEPEND, DETOX OR</u> <u>OTH SYMPT TREAT W/O CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>436</u>	<u>ALC/DRUG DEPENDENCE W</u> <u>REHABILITATION THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>437</u>	<u>ALC/DRUG DEPENDENCE, COMBINED</u> <u>REHAB & DETOX THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>438</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>439</u>	<u>SKIN GRAFTS FOR INJURIES</u>	<u>1.7092</u>	<u>1.000</u>	<u>1.7092</u>	<u>5.3</u>
<u>440</u>	<u>WOUND DEBRIDEMENTS FOR INJURIES</u>	<u>1.9096</u>	<u>0.774</u>	<u>1.4776</u>	<u>5.8</u>
<u>441</u>	<u>HAND PROCEDURES FOR INJURIES</u>	<u>0.9463</u>	<u>0.991</u>	<u>0.9382</u>	<u>2.2</u>
<u>442</u>	<u>OTHER O.R. PROCEDURES FOR INJURIES W</u> <u>CC</u>	<u>2.3403</u>	<u>1.000</u>	<u>2.3403</u>	<u>5.4</u>

	<u>OTHER O.R. PROCEDURES FOR INJURIES</u>				
<u>443</u>	<u>W/O CC</u>	<u>0.9978</u>	<u>1.002</u>	<u>1.0002</u>	<u>2.5</u>
<u>444</u>	<u>TRAUMATIC INJURY AGE >17 W CC</u>	<u>0.7243</u>	<u>1.000</u>	<u>0.7243</u>	<u>3.2</u>
<u>445</u>	<u>TRAUMATIC INJURY AGE >17 W/O CC</u>	<u>0.5076</u>	<u>0.811</u>	<u>0.4118</u>	<u>2.4</u>
<u>446</u>	<u>TRAUMATIC INJURY AGE 0-17</u>	<u>0.2964</u>	<u>1.000</u>	<u>0.2964</u>	<u>2.4</u>
<u>447</u>	<u>ALLERGIC REACTIONS AGE >17</u>	<u>0.5166</u>	<u>1.000</u>	<u>0.5166</u>	<u>1.9</u>
<u>448</u>	<u>ALLERGIC REACTIONS AGE 0-17</u>	<u>0.0975</u>	<u>1.000</u>	<u>0.0975</u>	<u>2.9</u>
	<u>POISONING & TOXIC EFFECTS OF DRUGS</u>				
<u>449</u>	<u>AGE >17 W CC</u>	<u>0.8076</u>	<u>1.000</u>	<u>0.8076</u>	<u>2.6</u>
	<u>POISONING & TOXIC EFFECTS OF DRUGS</u>				
<u>450</u>	<u>AGE >17 W/O CC</u>	<u>0.4406</u>	<u>0.666</u>	<u>0.2933</u>	<u>1.6</u>
	<u>POISONING & TOXIC EFFECTS OF DRUGS</u>				
<u>451</u>	<u>AGE 0-17</u>	<u>0.2632</u>	<u>1.000</u>	<u>0.2632</u>	<u>2.1</u>
<u>452</u>	<u>COMPLICATIONS OF TREATMENT W CC</u>	<u>1.0152</u>	<u>1.000</u>	<u>1.0152</u>	<u>3.5</u>
<u>453</u>	<u>COMPLICATIONS OF TREATMENT W/O CC</u>	<u>0.4987</u>	<u>1.000</u>	<u>0.4987</u>	<u>2.2</u>
	<u>OTHER INJURY, POISONING & TOXIC</u>				
<u>454</u>	<u>EFFECT DIAG W CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>3.2</u>
	<u>OTHER INJURY, POISONING & TOXIC EFFECT</u>				
<u>455</u>	<u>DIAG W/O CC</u>	<u>0.4672</u>	<u>0.748</u>	<u>0.3496</u>	<u>2</u>
	<u>NO LONGER VALID BURNS, TRANSFERRED</u>				
<u>456</u>	<u>TO ANOTHER ACUTE CARE FACILITY</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
	<u>NO LONGER VALID EXTENSIVE BURNS W/O</u>				
<u>457</u>	<u>O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
	<u>NO LONGER VALID NON-EXTENSIVE</u>				
<u>458</u>	<u>BURNS W SKIN GRAFT</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
	<u>NO LONGER VALID NON-EXTENSIVE</u>				
<u>459</u>	<u>BURNS W WOUND DEBRIDEMENT OR</u>				
	<u>OTHER O.R. PROC</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
	<u>NO LONGER VALID NON-EXTENSIVE</u>				
<u>460</u>	<u>BURNS W/O O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>

<u>461</u>	<u>O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES</u>	<u>1.2101</u>	<u>0.921</u>	<u>1.1141</u>	<u>2.4</u>
<u>462</u>	<u>REHABILITATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>463</u>	<u>SIGNS & SYMPTOMS W CC</u>	<u>0.6936</u>	<u>1.000</u>	<u>0.6936</u>	<u>3.3</u>
<u>464</u>	<u>SIGNS & SYMPTOMS W/O CC</u>	<u>0.4775</u>	<u>1.000</u>	<u>0.4775</u>	<u>2.4</u>
<u>465</u>	<u>AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.5756</u>	<u>1.000</u>	<u>0.5756</u>	<u>2.1</u>
<u>466</u>	<u>AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.684</u>	<u>1.000</u>	<u>0.6840</u>	<u>2.3</u>
<u>467</u>	<u>OTHER FACTORS INFLUENCING HEALTH STATUS</u>	<u>0.5112</u>	<u>1.000</u>	<u>0.5112</u>	<u>2.3</u>
<u>468</u>	<u>EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>3.6399</u>	<u>1.000</u>	<u>3.6399</u>	<u>9.2</u>
<u>469</u>	<u>PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>470</u>	<u>UNGROUPABLE</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>471</u>	<u>BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY</u>	<u>3.1957</u>	<u>1.000</u>	<u>3.1957</u>	<u>5</u>
<u>472</u>	<u>NO LONGER VALID EXTENSIVE BURNS W O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
<u>473</u>	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17</u>	<u>3.5822</u>	<u>1.000</u>	<u>3.5822</u>	<u>7.6</u>
<u>474</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>475</u>	<u>RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>476</u>	<u>PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>2.2547</u>	<u>1.000</u>	<u>2.2547</u>	<u>8.4</u>
<u>477</u>	<u>NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>1.8204</u>	<u>1.000</u>	<u>1.8204</u>	<u>5.4</u>
<u>478</u>	<u>OTHER VASCULAR PROCEDURES W CC</u>	<u>2.3333</u>	<u>1.000</u>	<u>2.3333</u>	<u>4.9</u>
<u>479</u>	<u>OTHER VASCULAR PROCEDURES W/O CC</u>	<u>1.4326</u>	<u>1.000</u>	<u>1.4326</u>	<u>2.8</u>

<u>480</u>	<u>LIVER TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>481</u>	<u>BONE MARROW TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>482</u>	<u>TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>483</u>	<u>TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>484</u>	<u>CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>5.5606</u>	<u>1.000</u>	<u>5.5606</u>	<u>8.8</u>
<u>485</u>	<u>LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR</u>	<u>3.0998</u>	<u>1.000</u>	<u>3.0998</u>	<u>7.7</u>
<u>486</u>	<u>OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>4.9048</u>	<u>1.000</u>	<u>4.9048</u>	<u>8.1</u>
<u>487</u>	<u>OTHER MULTIPLE SIGNIFICANT TRAUMA</u>	<u>2.0604</u>	<u>1.000</u>	<u>2.0604</u>	<u>5.6</u>
<u>488</u>	<u>HIV W EXTENSIVE O.R. PROCEDURE</u>	<u>4.5574</u>	<u>1.000</u>	<u>4.5574</u>	<u>11.5</u>
<u>489</u>	<u>HIV W MAJOR RELATED CONDITION</u>	<u>1.7414</u>	<u>1.000</u>	<u>1.7414</u>	<u>6</u>
<u>490</u>	<u>HIV W OR W/O OTHER RELATED CONDITION</u>	<u>0.968</u>	<u>1.000</u>	<u>0.9680</u>	<u>3.7</u>
<u>491</u>	<u>MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY</u>	<u>1.6685</u>	<u>1.000</u>	<u>1.6685</u>	<u>2.9</u>
<u>492</u>	<u>CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>4.2467</u>	<u>1.000</u>	<u>4.2467</u>	<u>10.9</u>
<u>493</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC</u>	<u>1.818</u>	<u>1.000</u>	<u>1.8180</u>	<u>4.3</u>
<u>494</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC</u>	<u>1.0388</u>	<u>1.000</u>	<u>1.0388</u>	<u>2</u>
<u>495</u>	<u>LUNG TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>496</u>	<u>COMBINED ANTERIOR/POSTERIOR SPINAL FUSION</u> Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).	<u>5.5532</u>	<u>1.000</u>	<u>5.5532</u>	<u>7.8</u>
<u>497</u>	<u>SPINAL FUSION W CC</u> Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).	<u>2.9441</u>	<u>1.000</u>	<u>2.9441</u>	<u>4.9</u>
<u>498</u>	<u>SPINAL FUSION W/O CC</u> Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).	<u>1.9057</u>	<u>1.000</u>	<u>1.9057</u>	<u>2.8</u>
<u>499</u>	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W CC</u> Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).	<u>1.4572</u>	<u>1.000</u>	<u>1.4572</u>	<u>3.6</u>

<u>500</u>	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC</u> Note – For admissions on or after *, 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).	<u>0.9805</u>	<u>1.000</u>	<u>0.9805</u>	<u>2.2</u>
<u>501</u>	<u>KNEE PROC W PDX OF INFECTION W CC</u>	<u>2.6283</u>	<u>1.000</u>	<u>2.6283</u>	<u>8.4</u>
<u>502</u>	<u>KNEE PROC W PDX OF INFECTION W/O CC</u>	<u>1.4434</u>	<u>1.000</u>	<u>1.4434</u>	<u>4.9</u>
<u>503</u>	<u>KNEE PROCEDURES W/O PDX OF INFECTION</u>	<u>1.2156</u>	<u>1.000</u>	<u>1.2156</u>	<u>3.1</u>
<u>504</u>	<u>EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>505</u>	<u>EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>506</u>	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>507</u>	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>508</u>	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>509</u>	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>510</u>	<u>NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>511</u>	<u>NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50002</u>	<u>ST. ROSE HOSPITAL</u>	<u>7626.1</u>	<u>0.018</u>	<u>0.372</u>	<u>0.39</u>	<u>23771</u>
<u>50006</u>	<u>ST. JOSEPH HOSPITAL, EUREKA</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>17377</u>
<u>50007</u>	<u>MILLS PENINSULA MEDICAL CENTER</u>	<u>5732.9</u>	<u>0.035</u>	<u>0.364</u>	<u>0.399</u>	<u>22799</u>
<u>50008</u>	<u>DAVIES MEDICAL CENTER</u>	<u>6366.3</u>	<u>0.039</u>	<u>0.317</u>	<u>0.356</u>	<u>22803</u>
<u>50009</u>	<u>QUEEN OF THE VALLEY HOSPITAL</u>	<u>5214.8</u>	<u>0.041</u>	<u>0.357</u>	<u>0.398</u>	<u>20358</u>
<u>50013</u>	<u>ST. HELENA HOSPITAL</u>	<u>5286.9</u>	<u>0.024</u>	<u>0.43</u>	<u>0.454</u>	<u>20367</u>
<u>50014</u>	<u>SUTTER AMADOR HOSPITAL</u>	<u>4303.8</u>	<u>0.02</u>	<u>0.353</u>	<u>0.373</u>	<u>17377</u>
<u>50015</u>	<u>NORTHERN INYO HOSPITAL</u>	<u>4303.8</u>	<u>0.028</u>	<u>0.701</u>	<u>0.729</u>	<u>17377</u>
<u>50016</u>	<u>ARROYO GRANDE COMMUNITY HOSP.</u>	<u>4553.8</u>	<u>0.108</u>	<u>0.394</u>	<u>0.502</u>	<u>18381</u>
<u>50017</u>	<u>MERCY GENERAL HOSPITAL</u>	<u>5765.8</u>	<u>0.022</u>	<u>0.241</u>	<u>0.263</u>	<u>20029</u>
<u>50018</u>	<u>PACIFIC ALLIANCE MEDICAL CNTR.</u>	<u>8999.4</u>	<u>0.043</u>	<u>0.393</u>	<u>0.436</u>	<u>20129</u>
<u>50022</u>	<u>RIVERSIDE COMMUNITY</u>	<u>5171.4</u>	<u>0.044</u>	<u>0.337</u>	<u>0.381</u>	<u>18998</u>
<u>50024</u>	<u>PARADISE VALLEY HOSPITAL</u>	<u>7440.0</u>	<u>0.024</u>	<u>0.36</u>	<u>0.384</u>	<u>19804</u>
<u>50025</u>	<u>UCSD MEDICAL CENTER</u>	<u>8430.0</u>	<u>0.057</u>	<u>0.321</u>	<u>0.378</u>	<u>19844</u>
<u>50026</u>	<u>GROSSMONT HOSPITAL</u>	<u>5834.5</u>	<u>0.043</u>	<u>0.318</u>	<u>0.361</u>	<u>19830</u>
<u>50028</u>	<u>MAD RIVER COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.026</u>	<u>0.418</u>	<u>0.444</u>	<u>17377</u>
<u>50029</u>	<u>ST. LUKE MEDICAL CENTER</u>	<u>6514.7</u>	<u>0.031</u>	<u>0.238</u>	<u>0.269</u>	<u>20137</u>
<u>50030</u>	<u>OROVILLE HOSPITAL</u>	<u>5185.6</u>	<u>0.048</u>	<u>0.495</u>	<u>0.543</u>	<u>17448</u>
<u>50032</u>	<u>WARRACK MEDICAL CENTER HOSPITAL</u>	<u>5159.2</u>	<u>0.033</u>	<u>0.5</u>	<u>0.533</u>	<u>20837</u>
<u>50033</u>	<u>MOUNT ZION MED CENTER OF UCSE</u>	<u>8623.8</u>	<u>0.042</u>	<u>0.407</u>	<u>0.449</u>	<u>22800</u>
<u>50036</u>	<u>BAKERSFIELD MEMORIAL HOSPITAL</u>	<u>4314.7</u>	<u>0.055</u>	<u>0.358</u>	<u>0.413</u>	<u>17377</u>
<u>50038</u>	<u>SANTA CLARA VALLEY MED CENTER</u>	<u>9378.9</u>	<u>0.045</u>	<u>0.538</u>	<u>0.583</u>	<u>22018</u>
<u>50039</u>	<u>ENLOE MEDICAL CENTER</u>	<u>4630.0</u>	<u>0.026</u>	<u>0.434</u>	<u>0.46</u>	<u>17448</u>
<u>50040</u>	<u>LAC OLIVE VIEW/UCLA MED. CENTER</u>	<u>10003.1</u>	<u>0.033</u>	<u>0.329</u>	<u>0.362</u>	<u>20126</u>
<u>50042</u>	<u>ST. ELIZABETH COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.03</u>	<u>0.413</u>	<u>0.443</u>	<u>17377</u>
<u>50043</u>	<u>SUMMIT MEDICAL CENTER</u>	<u>7556.7</u>	<u>0.016</u>	<u>0.34</u>	<u>0.356</u>	<u>23771</u>
<u>50045</u>	<u>EL CENTRO REGIONAL MED. CTR.</u>	<u>5940.4</u>	<u>0.021</u>	<u>0.357</u>	<u>0.378</u>	<u>17406</u>
<u>50046</u>	<u>OJAI VALLEY COMMUNITY HOSPITAL</u>	<u>4494.1</u>	<u>0.059</u>	<u>0.675</u>	<u>0.734</u>	<u>18146</u>
<u>50047</u>	<u>CALIFORNIA PACIFIC MED. CENTER</u>	<u>7124.8</u>	<u>0.029</u>	<u>0.373</u>	<u>0.402</u>	<u>22796</u>
<u>50051</u>	<u>ALTA DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.03641</u>	<u>0.586</u>	<u>0.62241</u>	<u>17377</u>
<u>50054</u>	<u>SAN GORGONIO MEMORIAL HOSPITAL</u>	<u>4981.7</u>	<u>0.024</u>	<u>0.33</u>	<u>0.354</u>	<u>18975</u>
<u>50055</u>	<u>ST. LUKES HOSPITAL</u>	<u>8503.5</u>	<u>0.026</u>	<u>0.36</u>	<u>0.386</u>	<u>22795</u>
<u>50056</u>	<u>ANTELOPE VALLEY HOSP. MED. CENTER</u>	<u>6281.4</u>	<u>0.043</u>	<u>0.313</u>	<u>0.356</u>	<u>20139</u>
<u>50057</u>	<u>KAWEAH DELTA HEALTH CARE DIST.</u>	<u>5269.1</u>	<u>0.031</u>	<u>0.43</u>	<u>0.461</u>	<u>17377</u>
<u>50058</u>	<u>GLENDALE MEM. HOSP. & HLTH CT</u>	<u>7144.1</u>	<u>0.031</u>	<u>0.278</u>	<u>0.309</u>	<u>20130</u>

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<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50060</u>	<u>FRESNO COMM. HOSP. & MED. CENT</u>	<u>5731.0</u>	<u>0.029</u>	<u>0.337</u>	<u>0.366</u>	<u>17679</u>
<u>50061</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>4530.4</u>	<u>0.057</u>	<u>0.356</u>	<u>0.413</u>	<u>18290</u>
<u>50063</u>	<u>QUEEN OF ANGELS - HILLYWD PRES MC</u>	<u>8430.2</u>	<u>0.033</u>	<u>0.296</u>	<u>0.329</u>	<u>20130</u>
<u>50065</u>	<u>WMC SANTA ANA</u>	<u>7039.7</u>	<u>0.057</u>	<u>0.314</u>	<u>0.371</u>	<u>19384</u>
<u>50066</u>	<u>BAY HARBOR HOSPITAL</u>	<u>5818.7</u>	<u>0.016</u>	<u>0.302</u>	<u>0.318</u>	<u>20109</u>
<u>50067</u>	<u>OAK VALLEY DISTRICT HOSPITAL</u>	<u>4468.6</u>	<u>0.029</u>	<u>0.359</u>	<u>0.388</u>	<u>18043</u>
<u>50068</u>	<u>LINDSAY DISTRICT HOSPITAL</u>	<u>4494.2</u>	<u>0.014</u>	<u>0.487</u>	<u>0.501</u>	<u>17377</u>
<u>50069</u>	<u>ST. JOSEPH HOSPITAL</u>	<u>5069.0</u>	<u>0.029</u>	<u>0.284</u>	<u>0.313</u>	<u>20127</u>
<u>50070</u>	<u>KFH- SSE</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>22801</u>
<u>50071</u>	<u>KFH - SANTA CLARA</u>	<u>7040.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50072</u>	<u>KFH - WALNUT CREEK</u>	<u>6149.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50073</u>	<u>KFH - VALLEJO</u>	<u>5946.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23707</u>
<u>50075</u>	<u>KFH - OAKLAND</u>	<u>7131.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50076</u>	<u>KFH - SAN FRANCISCO</u>	<u>7132.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50077</u>	<u>MERCY HOSPITAL AND MED. CENTER</u>	<u>6346.8</u>	<u>0.034</u>	<u>0.3</u>	<u>0.334</u>	<u>19822</u>
<u>50078</u>	<u>SAN PEDRO PENINSULA HOSPITAL</u>	<u>5498.4</u>	<u>0.028</u>	<u>0.268</u>	<u>0.296</u>	<u>20128</u>
<u>50079</u>	<u>DOCTORS MED CENTER-SAN PABLO</u>	<u>7288.6</u>	<u>0.021</u>	<u>0.289</u>	<u>0.31</u>	<u>23773</u>
<u>50082</u>	<u>ST. JOHN'S REGIONAL MED. CENTER</u>	<u>5247.3</u>	<u>0.074</u>	<u>0.343</u>	<u>0.417</u>	<u>18143</u>
<u>50084</u>	<u>ST. JOSEPH'S MEDICAL CENTER</u>	<u>5020.2</u>	<u>0.022</u>	<u>0.26</u>	<u>0.282</u>	<u>18332</u>
<u>50088</u>	<u>SAN LUIS OBISPO GENERAL HOSPITAL</u>	<u>4755.3</u>	<u>0.025</u>	<u>0.735</u>	<u>0.76</u>	<u>18388</u>
<u>50089</u>	<u>COMM. HOSP. OF SAN BERNARDINO</u>	<u>7291.2</u>	<u>0.046</u>	<u>0.315</u>	<u>0.361</u>	<u>19004</u>
<u>50090</u>	<u>SONOMA VALLEY HEALTH CARE DIST.</u>	<u>5159.2</u>	<u>0.055</u>	<u>0.437</u>	<u>0.492</u>	<u>20825</u>
<u>50091</u>	<u>COMM. HOSP. OF HUNTINGTON PARK</u>	<u>9079.1</u>	<u>0.032</u>	<u>0.277</u>	<u>0.309</u>	<u>20132</u>
<u>50092</u>	<u>GLENN MEDICAL CENTER</u>	<u>4684.6</u>	<u>0.05</u>	<u>0.747</u>	<u>0.797</u>	<u>17377</u>
<u>50093</u>	<u>SAINT AGNES MEDICAL CENTER</u>	<u>4603.7</u>	<u>0.043</u>	<u>0.353</u>	<u>0.396</u>	<u>17679</u>
<u>50096</u>	<u>DR'S HOSPITAL OF WEST COVINA</u>	<u>5406.7</u>	<u>0.039</u>	<u>0.304</u>	<u>0.343</u>	<u>20136</u>
<u>50097</u>	<u>GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.033</u>	<u>0.367</u>	<u>0.4</u>	<u>17377</u>
<u>50099</u>	<u>SAN ANTONIO COMMUNITY HOSPITAL</u>	<u>5661.2</u>	<u>0.031</u>	<u>0.293</u>	<u>0.324</u>	<u>18988</u>
<u>50100</u>	<u>SHARP MEMORIAL HOSPITAL</u>	<u>5783.9</u>	<u>0.041</u>	<u>0.359</u>	<u>0.4</u>	<u>19822</u>
<u>50101</u>	<u>SUTTER SOLANO MEDICAL CENTER</u>	<u>6430.3</u>	<u>0.025</u>	<u>0.29</u>	<u>0.315</u>	<u>20362</u>
<u>50102</u>	<u>PARKVIEW COMMUNITY HOSPITAL</u>	<u>5928.8</u>	<u>0.024</u>	<u>0.34</u>	<u>0.364</u>	<u>18974</u>
<u>50103</u>	<u>WHITE MEMORIAL MEDICAL CENTER</u>	<u>8308.7</u>	<u>0.044</u>	<u>0.335</u>	<u>0.379</u>	<u>20137</u>
<u>50104</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>7922.8</u>	<u>0.022</u>	<u>0.271</u>	<u>0.293</u>	<u>20119</u>
<u>50107</u>	<u>MARIAN MEDICAL CENTER</u>	<u>5215.2</u>	<u>0.058</u>	<u>0.378</u>	<u>0.436</u>	<u>18290</u>
<u>50108</u>	<u>SUTTER COMMUNITY HOSPITAL</u>	<u>5789.3</u>	<u>0.03641</u>	<u>0.278</u>	<u>0.31441</u>	<u>20043</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50110</u>	<u>LOMPOC DISTRICT HOSPITAL</u>	<u>4530.4</u>	<u>0.042</u>	<u>0.436</u>	<u>0.478</u>	<u>18292</u>
<u>50111</u>	<u>TEMPLE COMMUNITY HOSPITAL</u>	<u>7509.1</u>	<u>0.016</u>	<u>0.285</u>	<u>0.301</u>	<u>20110</u>
<u>50112</u>	<u>SANTA MONICA HOSPITAL MED. CENT</u>	<u>5570.3</u>	<u>0.039</u>	<u>0.355</u>	<u>0.394</u>	<u>20130</u>
<u>50113</u>	<u>SAN MATEO COUNTY GEN. HOSPITAL</u>	<u>6178.8</u>	<u>0.028</u>	<u>0.886</u>	<u>0.914</u>	<u>22788</u>
<u>50114</u>	<u>SHERMAN OAKS HOSP AND HLTH CENT.</u>	<u>5268.7</u>	<u>0.047</u>	<u>0.43</u>	<u>0.477</u>	<u>20129</u>
<u>50115</u>	<u>PALOMAR MEDICAL CENTER</u>	<u>5573.1</u>	<u>0.044</u>	<u>0.342</u>	<u>0.386</u>	<u>19828</u>
<u>50116</u>	<u>NORTHRIDGE HOSP. MED. CENT - RBC</u>	<u>5974.7</u>	<u>0.029</u>	<u>0.275</u>	<u>0.304</u>	<u>20128</u>
<u>50117</u>	<u>MERCY HOSPITAL & HEALTH SYSTEM</u>	<u>4954.2</u>	<u>0.021</u>	<u>0.308</u>	<u>0.329</u>	<u>17377</u>
<u>50118</u>	<u>DOCTORS HOSPITAL OF MANTECA</u>	<u>4540.3</u>	<u>0.029</u>	<u>0.225</u>	<u>0.254</u>	<u>18331</u>
<u>50121</u>	<u>HANFORD COMMUNITY MED. CENTER</u>	<u>4303.8</u>	<u>0.021</u>	<u>0.391</u>	<u>0.412</u>	<u>17377</u>
<u>50122</u>	<u>DAMERON HOSPITAL</u>	<u>5554.0</u>	<u>0.015</u>	<u>0.28</u>	<u>0.295</u>	<u>18333</u>
<u>50124</u>	<u>VERDUGO HILLS HOSPITAL</u>	<u>5057.3</u>	<u>0.053</u>	<u>0.31</u>	<u>0.363</u>	<u>20150</u>
<u>50125</u>	<u>ALEXIAN BROS. HOSPITAL</u>	<u>7865.2</u>	<u>0.032</u>	<u>0.28</u>	<u>0.312</u>	<u>22025</u>
<u>50126</u>	<u>VALLEY PRESBYTERIAN HOSPITAL</u>	<u>6606.0</u>	<u>0.047</u>	<u>0.312</u>	<u>0.359</u>	<u>20143</u>
<u>50127</u>	<u>WOODLAND MEMORIAL HOSPITAL</u>	<u>4896.1</u>	<u>0.046</u>	<u>0.476</u>	<u>0.522</u>	<u>17797</u>
<u>50128</u>	<u>TRI-CITY MEDICAL CENTER</u>	<u>5188.6</u>	<u>0.043</u>	<u>0.309</u>	<u>0.352</u>	<u>19831</u>
<u>50129</u>	<u>ST. BERNARDINE MEDICAL CENTER</u>	<u>6071.7</u>	<u>0.072</u>	<u>0.392</u>	<u>0.464</u>	<u>19018</u>
<u>50131</u>	<u>NOVATO COMMUNITY HOSPITAL</u>	<u>5729.5</u>	<u>0.026</u>	<u>0.464</u>	<u>0.49</u>	<u>22792</u>
<u>50132</u>	<u>SAN GABRIEL VALLEY MED. CENTER</u>	<u>5928.3</u>	<u>0.038</u>	<u>0.251</u>	<u>0.289</u>	<u>20144</u>
<u>50133</u>	<u>RIDEOUT MEMORIAL HOSPITAL</u>	<u>5334.9</u>	<u>0.044</u>	<u>0.443</u>	<u>0.487</u>	<u>18427</u>
<u>50135</u>	<u>HOLLYWOOD COMM. HOSP OF HLYWD.</u>	<u>6497.7</u>	<u>0.027</u>	<u>0.377</u>	<u>0.404</u>	<u>20116</u>
<u>50136</u>	<u>PETALUMA VALLEY HOSPITAL</u>	<u>5159.2</u>	<u>0.03641</u>	<u>0.489</u>	<u>0.52541</u>	<u>20835</u>
<u>50137</u>	<u>KAISER FOUND. HOSP. - PANORAMA</u>	<u>5088.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50138</u>	<u>KAISER FOUND. HOSP. - SUNSET</u>	<u>5938.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50139</u>	<u>KAISER FOUND. HOSP. - BELLFLOWER</u>	<u>5118.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50140</u>	<u>KAISER FOUND. HOSP. - FONTANA</u>	<u>5082.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>18989</u>
<u>50144</u>	<u>BROTMAN MEDICAL CENTER</u>	<u>6207.8</u>	<u>0.05</u>	<u>0.318</u>	<u>0.368</u>	<u>20145</u>
<u>50145</u>	<u>COMM. HOSP. MONTEREY PENINSULA</u>	<u>5869.7</u>	<u>0.032</u>	<u>0.463</u>	<u>0.495</u>	<u>23133</u>
<u>50148</u>	<u>PLUMAS DISTRICT HOSP. MDCARE RPT</u>	<u>4303.8</u>	<u>0.034</u>	<u>0.466</u>	<u>0.5</u>	<u>17377</u>
<u>50149</u>	<u>CALIFORNIA MEDICAL CENTER</u>	<u>8562.6</u>	<u>0.035</u>	<u>0.353</u>	<u>0.388</u>	<u>20126</u>
<u>50150</u>	<u>SIERRA NEVADA MEMORIAL HOSPITAL</u>	<u>4948.0</u>	<u>0.073</u>	<u>0.459</u>	<u>0.532</u>	<u>19970</u>
<u>50152</u>	<u>SAINT FRANCIS MEMORIAL HOSPITAL</u>	<u>7135.7</u>	<u>0.032</u>	<u>0.292</u>	<u>0.324</u>	<u>22801</u>
<u>50153</u>	<u>O'CONNOR HOSPITAL</u>	<u>5991.8</u>	<u>0.03641</u>	<u>0.363</u>	<u>0.39941</u>	<u>22022</u>
<u>50155</u>	<u>MONROVIA COMMUNITY HOSPITAL</u>	<u>5408.9</u>	<u>0.039</u>	<u>0.314</u>	<u>0.353</u>	<u>20134</u>
<u>50158</u>	<u>ENCINO-TARZANA REG MED CENTER</u>	<u>5071.9</u>	<u>0.038</u>	<u>0.361</u>	<u>0.399</u>	<u>20128</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50159</u>	<u>VENTURA COUNTY MEDICAL CENTER</u>	<u>7638.6</u>	<u>0.024</u>	<u>0.504</u>	<u>0.528</u>	<u>18147</u>
<u>50167</u>	<u>SAN JOAQUIN GENERAL HOSPITAL</u>	<u>7581.0</u>	<u>0.048</u>	<u>0.451</u>	<u>0.499</u>	<u>18331</u>
<u>50168</u>	<u>ST. JUDE MEDICAL CENTER</u>	<u>4875.0</u>	<u>0.022</u>	<u>0.282</u>	<u>0.304</u>	<u>19345</u>
<u>50169</u>	<u>PRESBYTERIAN INTERCOMMUNITY</u>	<u>5662.7</u>	<u>0.041</u>	<u>0.29</u>	<u>0.331</u>	<u>20140</u>
<u>50170</u>	<u>LONG BEACH COMM. MED. CENTER</u>	<u>5651.6</u>	<u>0.032</u>	<u>0.333</u>	<u>0.365</u>	<u>20125</u>
<u>50172</u>	<u>REDWOOD MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.428</u>	<u>0.464</u>	<u>17377</u>
<u>50173</u>	<u>ANAHEIM GENERAL HOSPITAL</u>	<u>6486.4</u>	<u>0.013</u>	<u>0.275</u>	<u>0.288</u>	<u>19332</u>
<u>50174</u>	<u>SANTA ROSA MEMORIAL HOSPITAL</u>	<u>5179.2</u>	<u>0.039</u>	<u>0.462</u>	<u>0.501</u>	<u>20833</u>
<u>50175</u>	<u>WHITTIER HOSPITAL MEDICAL CENTER</u>	<u>6697.3</u>	<u>0.039</u>	<u>0.291</u>	<u>0.33</u>	<u>20138</u>
<u>50177</u>	<u>SANTA PAULA MEMORIAL HOSPITAL</u>	<u>4693.0</u>	<u>0.028</u>	<u>0.546</u>	<u>0.574</u>	<u>18146</u>
<u>50179</u>	<u>EMANUEL MEDICAL CENTER</u>	<u>5133.3</u>	<u>0.038</u>	<u>0.353</u>	<u>0.391</u>	<u>18042</u>
<u>50180</u>	<u>JOHN MUIR MEDICAL CENTER</u>	<u>5985.2</u>	<u>0.03641</u>	<u>0.305</u>	<u>0.34141</u>	<u>23776</u>
<u>50186</u>	<u>SCRIPPS HOSPITAL - EAST COUNTY</u>	<u>5747.0</u>	<u>0.051</u>	<u>0.37</u>	<u>0.421</u>	<u>19831</u>
<u>50188</u>	<u>COMM HOSP.& REHAB- LOS GATOS</u>	<u>5534.0</u>	<u>0.045</u>	<u>0.253</u>	<u>0.298</u>	<u>22039</u>
<u>50189</u>	<u>GEORGE L. MEE MEMORIAL HOSPITAL</u>	<u>5980.3</u>	<u>0.036</u>	<u>0.493</u>	<u>0.529</u>	<u>23132</u>
<u>50191</u>	<u>ST MARY MEDICAL CENTER</u>	<u>7071.6</u>	<u>0.039</u>	<u>0.255</u>	<u>0.294</u>	<u>20144</u>
<u>50192</u>	<u>SIERRA KINGS DISTRICT HOSPITAL</u>	<u>4572.4</u>	<u>0.038</u>	<u>0.52</u>	<u>0.558</u>	<u>17679</u>
<u>50193</u>	<u>SOUTH COAST MEDICAL CENTER</u>	<u>4867.8</u>	<u>0.027</u>	<u>0.268</u>	<u>0.295</u>	<u>19354</u>
<u>50194</u>	<u>WATSONVILLE COMMUNITY HOSPITAL</u>	<u>6816.0</u>	<u>0.03</u>	<u>0.387</u>	<u>0.417</u>	<u>22627</u>
<u>50195</u>	<u>WASHINGTON HOSPITAL DISTRICT</u>	<u>6805.6</u>	<u>0.024</u>	<u>0.336</u>	<u>0.36</u>	<u>23773</u>
<u>50196</u>	<u>CENTRAL VALLEY GENERAL HOSP</u>	<u>4456.1</u>	<u>0.021</u>	<u>0.382</u>	<u>0.403</u>	<u>17377</u>
<u>50197</u>	<u>SEQUOIA HEALTH SERVICES</u>	<u>5739.1</u>	<u>0.03</u>	<u>0.449</u>	<u>0.479</u>	<u>22794</u>
<u>50204</u>	<u>LANCASTER COMMUNITY HOSPITAL</u>	<u>5201.4</u>	<u>0.022</u>	<u>0.251</u>	<u>0.273</u>	<u>20122</u>
<u>50205</u>	<u>HUNTINGTON EAST VALLEY HOSPITAL</u>	<u>7228.2</u>	<u>0.044</u>	<u>0.419</u>	<u>0.463</u>	<u>20128</u>
<u>50207</u>	<u>FREMONT MEDICAL CENTER</u>	<u>5423.3</u>	<u>0.03</u>	<u>0.494</u>	<u>0.524</u>	<u>18429</u>
<u>50211</u>	<u>ALAMEDA HOSPITAL</u>	<u>6385.2</u>	<u>0.014</u>	<u>0.25</u>	<u>0.264</u>	<u>23772</u>
<u>50213</u>	<u>UNIVERSITY MED. CENTER FRESNO</u>	<u>7604.5</u>	<u>0.021</u>	<u>0.439</u>	<u>0.46</u>	<u>17680</u>
<u>50214</u>	<u>GRANADA HILLS COMM. HOSPITAL</u>	<u>6473.8</u>	<u>0.022</u>	<u>0.303</u>	<u>0.325</u>	<u>20116</u>
<u>50215</u>	<u>SAN JOSE MEDICAL CENTER</u>	<u>7139.9</u>	<u>0.13</u>	<u>0.425</u>	<u>0.555</u>	<u>22062</u>
<u>50217</u>	<u>FAIRCHILD MEDICAL CENTER</u>	<u>4303.8</u>	<u>0.045</u>	<u>0.616</u>	<u>0.661</u>	<u>17377</u>
<u>50219</u>	<u>COAST PLAZA DOCTORS HOSPITAL</u>	<u>6698.9</u>	<u>0.023</u>	<u>0.288</u>	<u>0.311</u>	<u>20119</u>
<u>50222</u>	<u>SHARP CHULA VISTA MEDICAL CENT</u>	<u>6376.7</u>	<u>0.044</u>	<u>0.326</u>	<u>0.37</u>	<u>19830</u>
<u>50224</u>	<u>HOAG MEM. HOSP. PRESBYTERIAN</u>	<u>4869.0</u>	<u>0.036</u>	<u>0.38</u>	<u>0.416</u>	<u>19352</u>
<u>50225</u>	<u>FEATHER RIVER HOSPITAL</u>	<u>4510.5</u>	<u>0.047</u>	<u>0.45</u>	<u>0.497</u>	<u>17448</u>
<u>50226</u>	<u>ANAHEIM MEMORIAL MED. CENTER</u>	<u>5034.2</u>	<u>0.052</u>	<u>0.299</u>	<u>0.351</u>	<u>19381</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50228</u>	<u>SAN FRANCISCO GENERAL HOSPITAL</u>	<u>10776.1</u>	<u>0.016</u>	<u>0.535</u>	<u>0.551</u>	<u>22788</u>
<u>50230</u>	<u>GARDEN GROVE MEDICAL CENTER</u>	<u>6972.4</u>	<u>0.029</u>	<u>0.262</u>	<u>0.291</u>	<u>19358</u>
<u>50231</u>	<u>POMONA VALLEY HOSPITAL MED CENT</u>	<u>6615.4</u>	<u>0.024</u>	<u>0.264</u>	<u>0.288</u>	<u>20123</u>
<u>50232</u>	<u>FRENCH HOSPITAL MEDICAL CENTER</u>	<u>4562.2</u>	<u>0.033</u>	<u>0.262</u>	<u>0.295</u>	<u>18385</u>
<u>50234</u>	<u>SHARP CORONADO HOSPITAL</u>	<u>4979.7</u>	<u>0.035</u>	<u>0.464</u>	<u>0.499</u>	<u>19808</u>
<u>50235</u>	<u>PROVIDENCE SAINT JOSEPH MED CENT</u>	<u>5361.5</u>	<u>0.046</u>	<u>0.403</u>	<u>0.449</u>	<u>20131</u>
<u>50236</u>	<u>SIMI VALLEY HOSPITAL</u>	<u>5177.0</u>	<u>0.03641</u>	<u>0.326</u>	<u>0.36241</u>	<u>20070</u>
<u>50238</u>	<u>METHODIST HOSP. OF SOUTHERN CAL</u>	<u>5065.0</u>	<u>0.042</u>	<u>0.353</u>	<u>0.395</u>	<u>20133</u>
<u>50239</u>	<u>GLENDALE ADVENTIST MED. CENTER</u>	<u>7355.8</u>	<u>0.052</u>	<u>0.607</u>	<u>0.659</u>	<u>20121</u>
<u>50240</u>	<u>CENTINELA HOSPITAL MED. CENTER</u>	<u>6795.9</u>	<u>0.049</u>	<u>0.298</u>	<u>0.347</u>	<u>20148</u>
<u>50242</u>	<u>DOMINICAN SANTA CRUZ HOSPITAL</u>	<u>6176.1</u>	<u>0.034</u>	<u>0.331</u>	<u>0.365</u>	<u>22617</u>
<u>50243</u>	<u>DESERT HOSPITAL</u>	<u>5437.4</u>	<u>0.044</u>	<u>0.26</u>	<u>0.304</u>	<u>19013</u>
<u>50245</u>	<u>ARROWHEAD REGIONAL MED. CENTER</u>	<u>8153.0</u>	<u>0.015</u>	<u>0.476</u>	<u>0.491</u>	<u>18956</u>
<u>50248</u>	<u>NATIVIDAD MEDICAL CENTER</u>	<u>8830.3</u>	<u>0.016</u>	<u>0.393</u>	<u>0.409</u>	<u>23147</u>
<u>50251</u>	<u>LASSEN COMMUNITY HOSPITAL</u>	<u>4684.6</u>	<u>0.039</u>	<u>0.476</u>	<u>0.515</u>	<u>17377</u>
<u>50253</u>	<u>LINCOLN LLC</u>	<u>6066.4</u>	<u>0.028</u>	<u>0.301</u>	<u>0.329</u>	<u>19351</u>
<u>50254</u>	<u>MARSHALL HOSPITAL</u>	<u>5033.6</u>	<u>0.085</u>	<u>0.431</u>	<u>0.516</u>	<u>20064</u>
<u>50256</u>	<u>ORTHOPAEDIC HOSPITAL</u>	<u>6853.0</u>	<u>0.046</u>	<u>0.447</u>	<u>0.493</u>	<u>20127</u>
<u>50257</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>4494.2</u>	<u>0.08</u>	<u>0.32</u>	<u>0.4</u>	<u>17378</u>
<u>50260</u>	<u>MOUNTAINS COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.042</u>	<u>0.46</u>	<u>0.502</u>	<u>18983</u>
<u>50261</u>	<u>SIERRA VIEW DISTRICT HOSPITAL</u>	<u>5092.2</u>	<u>0.064</u>	<u>0.39</u>	<u>0.454</u>	<u>17378</u>
<u>50262</u>	<u>UCLA MEDICAL CENTER</u>	<u>7975.2</u>	<u>0.039</u>	<u>0.387</u>	<u>0.426</u>	<u>20126</u>
<u>50264</u>	<u>SAN LEANDRO HOSPITAL</u>	<u>5974.6</u>	<u>0.039</u>	<u>0.337</u>	<u>0.376</u>	<u>23776</u>
<u>50267</u>	<u>DANIEL FREEMAN MEMORIAL HOSP</u>	<u>6571.3</u>	<u>0.023</u>	<u>0.248</u>	<u>0.271</u>	<u>20123</u>
<u>50270</u>	<u>SMH - CHULA VISTA</u>	<u>6795.5</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>19824</u>
<u>50272</u>	<u>REDLANDS COMMUNITY HOSPITAL</u>	<u>4783.7</u>	<u>0.035</u>	<u>0.292</u>	<u>0.327</u>	<u>18994</u>
<u>50276</u>	<u>CONTRA COSTA REGIONAL MED. CENT</u>	<u>9454.0</u>	<u>0.017</u>	<u>0.666</u>	<u>0.683</u>	<u>23770</u>
<u>50277</u>	<u>PACIFIC HOSPITAL OF LONG BEACH</u>	<u>7263.8</u>	<u>0.024</u>	<u>0.387</u>	<u>0.411</u>	<u>20112</u>
<u>50278</u>	<u>PROVIDENCE HOLY CROSS MED CENT</u>	<u>5769.4</u>	<u>0.039</u>	<u>0.282</u>	<u>0.321</u>	<u>20139</u>
<u>50279</u>	<u>HI - DESERT MEDICAL CENTER</u>	<u>4770.8</u>	<u>0.054</u>	<u>0.491</u>	<u>0.545</u>	<u>18990</u>
<u>50280</u>	<u>MERCY MEDICAL CENTER</u>	<u>5635.0</u>	<u>0.029</u>	<u>0.296</u>	<u>0.325</u>	<u>19615</u>
<u>50281</u>	<u>ALHAMBRA HOSPITAL</u>	<u>7401.6</u>	<u>0.039</u>	<u>0.32</u>	<u>0.359</u>	<u>20134</u>
<u>50282</u>	<u>MARTIN LUTHER HOSPITAL</u>	<u>5945.2</u>	<u>0.038</u>	<u>0.321</u>	<u>0.359</u>	<u>19361</u>
<u>50283</u>	<u>VALLEY MEMORIAL HOSPITAL</u>	<u>5974.6</u>	<u>0.035</u>	<u>0.269</u>	<u>0.304</u>	<u>23776</u>
<u>50289</u>	<u>SETON MEDICAL CENTER</u>	<u>6749.3</u>	<u>0.036</u>	<u>0.357</u>	<u>0.393</u>	<u>22800</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50290</u>	<u>SAINT JOHN'S HOSPITAL</u>	<u>5063.8</u>	<u>0.027</u>	<u>0.307</u>	<u>0.334</u>	<u>20122</u>
<u>50291</u>	<u>SUTTER COMM HOSP SANTA ROSA</u>	<u>8312.9</u>	<u>0.039</u>	<u>0.499</u>	<u>0.538</u>	<u>20834</u>
<u>50292</u>	<u>RIVERSIDE COUNTY REG. MED CENTER</u>	<u>7310.5</u>	<u>0.018</u>	<u>0.48</u>	<u>0.498</u>	<u>18959</u>
<u>50293</u>	<u>PACIFIC COAST HOSPITAL</u>	<u>7084.4</u>	<u>0.112</u>	<u>0.835</u>	<u>0.947</u>	<u>22805</u>
<u>50295</u>	<u>MERCY HOSPITAL</u>	<u>4464.2</u>	<u>0.055</u>	<u>0.314</u>	<u>0.369</u>	<u>17378</u>
<u>50296</u>	<u>HAZEL HAWKINS MEM. HOSPITAL</u>	<u>5541.7</u>	<u>0.03641</u>	<u>0.442</u>	<u>0.47841</u>	<u>22625</u>
<u>50298</u>	<u>BARSTOW COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.036</u>	<u>0.282</u>	<u>0.318</u>	<u>18997</u>
<u>50299</u>	<u>NHMC-SHERMAN WAY CAMPUS</u>	<u>7150.0</u>	<u>0.042</u>	<u>0.351</u>	<u>0.393</u>	<u>20133</u>
<u>50300</u>	<u>ST. MARY REGIONAL MEDICAL CENTER</u>	<u>5606.9</u>	<u>0.04</u>	<u>0.325</u>	<u>0.365</u>	<u>18995</u>
<u>50301</u>	<u>UKIAH VALLEY MEDICAL CENTER</u>	<u>5263.3</u>	<u>0.034</u>	<u>0.486</u>	<u>0.52</u>	<u>20836</u>
<u>50305</u>	<u>ALTA BATES MEDICAL CENTER</u>	<u>7233.9</u>	<u>0.028</u>	<u>0.278</u>	<u>0.306</u>	<u>23775</u>
<u>50308</u>	<u>EL CAMINO HOSPITAL</u>	<u>5542.8</u>	<u>0.031</u>	<u>0.335</u>	<u>0.366</u>	<u>22020</u>
<u>50309</u>	<u>SUTTER ROSEVILLE MEDICAL CENTER</u>	<u>5237.1</u>	<u>0.035</u>	<u>0.287</u>	<u>0.322</u>	<u>20040</u>
<u>50312</u>	<u>REDDING MEDICAL CENTER</u>	<u>5071.6</u>	<u>0.015</u>	<u>0.361</u>	<u>0.376</u>	<u>19621</u>
<u>50313</u>	<u>SUTTER TRACY COMMUNITY HOSPITAL</u>	<u>4540.3</u>	<u>0.058</u>	<u>0.301</u>	<u>0.359</u>	<u>18329</u>
<u>50315</u>	<u>KERN MEDICAL CENTER</u>	<u>7908.4</u>	<u>0.03</u>	<u>0.574</u>	<u>0.604</u>	<u>17377</u>
<u>50320</u>	<u>ALAMEDA COUNTY MEDICAL CENTER</u>	<u>10196.1</u>	<u>0.017</u>	<u>0.608</u>	<u>0.625</u>	<u>23770</u>
<u>50324</u>	<u>SCRIPPS MEM HOSP - LA JOLLA</u>	<u>4990.5</u>	<u>0.034</u>	<u>0.28</u>	<u>0.314</u>	<u>19825</u>
<u>50325</u>	<u>TUOLUMNE GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.022</u>	<u>0.419</u>	<u>0.441</u>	<u>17377</u>
<u>50327</u>	<u>LOMA LINDA UNIVERSITY MED CTR</u>	<u>7076.6</u>	<u>0.036</u>	<u>0.289</u>	<u>0.325</u>	<u>18996</u>
<u>50329</u>	<u>CORONA REGIONAL MEDICAL CENTER</u>	<u>5574.6</u>	<u>0.028</u>	<u>0.274</u>	<u>0.302</u>	<u>18987</u>
<u>50331</u>	<u>HEALDSBURG GENERAL HOSPITAL</u>	<u>5159.2</u>	<u>0.024</u>	<u>0.459</u>	<u>0.483</u>	<u>20840</u>
<u>50333</u>	<u>SENECA DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.021</u>	<u>0.532</u>	<u>0.553</u>	<u>17377</u>
<u>50334</u>	<u>SALINAS VALLEY MEMORIAL HOSP</u>	<u>6197.3</u>	<u>0.023</u>	<u>0.442</u>	<u>0.465</u>	<u>23141</u>
<u>50335</u>	<u>SONORA COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.46</u>	<u>0.499</u>	<u>17377</u>
<u>50336</u>	<u>LODI MEMORIAL HOSPITAL</u>	<u>4748.4</u>	<u>0.03</u>	<u>0.312</u>	<u>0.342</u>	<u>18332</u>
<u>50337</u>	<u>DESERT PALMS COMMUNITY HOSPITAL</u>	<u>5057.3</u>	<u>0.042</u>	<u>0.394</u>	<u>0.436</u>	<u>20128</u>
<u>50342</u>	<u>PIONEERS MEM. HOSPITAL</u>	<u>4456.1</u>	<u>0.033</u>	<u>0.426</u>	<u>0.459</u>	<u>17377</u>
<u>50345</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>4781.9</u>	<u>0.051</u>	<u>0.497</u>	<u>0.548</u>	<u>18987</u>
<u>50348</u>	<u>UCI MEDICAL CENTER</u>	<u>8187.6</u>	<u>0.027</u>	<u>0.322</u>	<u>0.349</u>	<u>19347</u>
<u>50349</u>	<u>CORCORAN DISTRICT HOSPITAL</u>	<u>4456.1</u>	<u>0.03</u>	<u>0.429</u>	<u>0.459</u>	<u>17377</u>
<u>50350</u>	<u>BEVERLY COMM HOSPITAL ASSN</u>	<u>6431.8</u>	<u>0.023</u>	<u>0.305</u>	<u>0.328</u>	<u>20117</u>
<u>50351</u>	<u>TORRANCE MEMORIAL MED CENTER</u>	<u>5063.4</u>	<u>0.031</u>	<u>0.323</u>	<u>0.354</u>	<u>20125</u>
<u>50352</u>	<u>BARTON MEMORIAL HOSPITAL</u>	<u>5033.6</u>	<u>0.07</u>	<u>0.516</u>	<u>0.586</u>	<u>20044</u>
<u>50353</u>	<u>LITTLE COMPANY OF MARY HOSPITAL</u>	<u>5067.1</u>	<u>0.033</u>	<u>0.295</u>	<u>0.328</u>	<u>20130</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50355</u>	<u>SIERRA VALLEY DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.111</u>	<u>0.64</u>	<u>0.751</u>	<u>17378</u>
<u>50357</u>	<u>GOLETA VALLEY COTTAGE HOSPITAL</u>	<u>4540.5</u>	<u>0.036</u>	<u>0.351</u>	<u>0.387</u>	<u>18292</u>
<u>50359</u>	<u>TULARE DISTRICT HOSPITAL</u>	<u>5249.7</u>	<u>0.041</u>	<u>0.43</u>	<u>0.471</u>	<u>17377</u>
<u>50360</u>	<u>MARIN GENERAL HOSPITAL</u>	<u>5875.4</u>	<u>0.05</u>	<u>0.425</u>	<u>0.475</u>	<u>22802</u>
<u>50366</u>	<u>MARK TWAIN ST. JOSEPH'S HOSPITAL</u>	<u>4303.8</u>	<u>0.022</u>	<u>0.346</u>	<u>0.368</u>	<u>17377</u>
<u>50367</u>	<u>NORTHBAY MEDICAL CENTER</u>	<u>6561.2</u>	<u>0.034</u>	<u>0.233</u>	<u>0.267</u>	<u>20353</u>
<u>50369</u>	<u>QUEEN OF THE VALLEY HOSPITAL</u>	<u>6821.2</u>	<u>0.023</u>	<u>0.356</u>	<u>0.379</u>	<u>20113</u>
<u>50373</u>	<u>LAC+USC MEDICAL CENTER</u>	<u>9863.6</u>	<u>0.016</u>	<u>0.347</u>	<u>0.363</u>	<u>20106</u>
<u>50376</u>	<u>HARBOR-UCLA MEDICAL CENTER</u>	<u>10439.6</u>	<u>0.039</u>	<u>0.296</u>	<u>0.335</u>	<u>20137</u>
<u>50377</u>	<u>CHOWCHILLA DISTRICT MEM HOSP</u>	<u>4378.7</u>	<u>0.032</u>	<u>0.642</u>	<u>0.674</u>	<u>17680</u>
<u>50378</u>	<u>PACIFIC HOSPITAL OF THE VALLEY</u>	<u>8053.4</u>	<u>0.059</u>	<u>0.476</u>	<u>0.535</u>	<u>20134</u>
<u>50379</u>	<u>WEST SIDE DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.127</u>	<u>0.832</u>	<u>0.959</u>	<u>17377</u>
<u>50380</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>5539.0</u>	<u>0.106</u>	<u>0.556</u>	<u>0.662</u>	<u>22041</u>
<u>50382</u>	<u>INTER-COMMUNITY MEDICAL CENTER</u>	<u>6123.9</u>	<u>0.026</u>	<u>0.34</u>	<u>0.366</u>	<u>20117</u>
<u>50385</u>	<u>PALM DRIVE HOSPITAL</u>	<u>5159.2</u>	<u>0.03</u>	<u>0.494</u>	<u>0.524</u>	<u>20838</u>
<u>50388</u>	<u>SOUTHERN INYO HOSPITAL</u>	<u>4303.8</u>	<u>0.055</u>	<u>0.753</u>	<u>0.808</u>	<u>17377</u>
<u>50390</u>	<u>HEMET VALLEY MEDICAL CENTER</u>	<u>5342.1</u>	<u>0.029</u>	<u>0.308</u>	<u>0.337</u>	<u>18984</u>
<u>50391</u>	<u>SANTA TERESITA HOSPITAL</u>	<u>5281.0</u>	<u>0.026</u>	<u>0.41</u>	<u>0.436</u>	<u>20113</u>
<u>50392</u>	<u>TRINITY HOSPITAL</u>	<u>4684.6</u>	<u>0.015</u>	<u>0.61</u>	<u>0.625</u>	<u>17377</u>
<u>50393</u>	<u>DOWNEY COMMUNITY HOSPITAL</u>	<u>5960.7</u>	<u>0.087</u>	<u>0.716</u>	<u>0.803</u>	<u>20134</u>
<u>50394</u>	<u>COMM MEM HOSP OF SAN BUENAVEN</u>	<u>4498.9</u>	<u>0.026</u>	<u>0.406</u>	<u>0.432</u>	<u>18146</u>
<u>50396</u>	<u>SANTA BARBARA COTTAGE HOSPITAL</u>	<u>5094.9</u>	<u>0.022</u>	<u>0.245</u>	<u>0.267</u>	<u>18292</u>
<u>50397</u>	<u>COALINGA REGIONAL MED CENTER</u>	<u>4378.7</u>	<u>0.085</u>	<u>0.483</u>	<u>0.568</u>	<u>17679</u>
<u>50401</u>	<u>WASHINGTON MEDICAL CENTER</u>	<u>5057.3</u>	<u>0.042</u>	<u>0.29</u>	<u>0.332</u>	<u>20141</u>
<u>50404</u>	<u>BIGGS-GRIDLEY MEM HOSP. CARE</u>	<u>4321.4</u>	<u>0.015</u>	<u>0.424</u>	<u>0.439</u>	<u>17448</u>
<u>50406</u>	<u>MAYERS MEM HOSP MCARE RPT</u>	<u>4858.2</u>	<u>0.04</u>	<u>0.524</u>	<u>0.564</u>	<u>19617</u>
<u>50407</u>	<u>CHINESE HOSPITAL</u>	<u>5983.1</u>	<u>0.034</u>	<u>0.513</u>	<u>0.547</u>	<u>22794</u>
<u>50410</u>	<u>SANGER GENERAL HOSPITAL</u>	<u>4572.4</u>	<u>0.032</u>	<u>0.443</u>	<u>0.475</u>	<u>17679</u>
<u>50411</u>	<u>KAISER FOUND HOSP -HARBOR</u>	<u>5104.8</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50414</u>	<u>MERCY HOSPITAL OF FOLSOM</u>	<u>5033.6</u>	<u>0.072</u>	<u>0.326</u>	<u>0.398</u>	<u>20071</u>
<u>50417</u>	<u>SUTTER COAST HOSPITAL</u>	<u>4303.8</u>	<u>0.068</u>	<u>0.439</u>	<u>0.507</u>	<u>17377</u>
<u>50419</u>	<u>MERCY MEDICAL CENTER MT. SHASTA</u>	<u>4858.2</u>	<u>0.053</u>	<u>0.517</u>	<u>0.57</u>	<u>19615</u>
<u>50420</u>	<u>ROBERT F. KENNEDY MED CENTER</u>	<u>7318.8</u>	<u>0.03641</u>	<u>0.392</u>	<u>0.42841</u>	<u>20123</u>
<u>50423</u>	<u>PALO VERDE HOSPITAL</u>	<u>4981.7</u>	<u>0.053</u>	<u>0.39</u>	<u>0.443</u>	<u>19000</u>
<u>50424</u>	<u>GREEN HOSPITAL OF SCRIPPS CLINIC</u>	<u>5539.0</u>	<u>0.042</u>	<u>0.408</u>	<u>0.45</u>	<u>19818</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50425</u>	<u>KFH - SACRAMENTO</u>	<u>5398.6</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20035</u>
<u>50426</u>	<u>WEST ANAHEIM MEDICAL CENTER</u>	<u>5079.2</u>	<u>0.024</u>	<u>0.242</u>	<u>0.266</u>	<u>19354</u>
<u>50427</u>	<u>AVALON MUNICIPAL HOSPITAL</u>	<u>5057.3</u>	<u>0.039</u>	<u>0.61</u>	<u>0.649</u>	<u>20113</u>
<u>50430</u>	<u>MODOC MEDICAL CENTER</u>	<u>4684.6</u>	<u>0.019</u>	<u>0.557</u>	<u>0.576</u>	<u>17377</u>
<u>50432</u>	<u>GARFIELD MEDICAL CTR.</u>	<u>8463.2</u>	<u>0.016</u>	<u>0.361</u>	<u>0.377</u>	<u>20105</u>
<u>50433</u>	<u>INDIAN VALLEY HOSPITAL</u>	<u>4303.8</u>	<u>0.02</u>	<u>0.563</u>	<u>0.583</u>	<u>17377</u>
<u>50434</u>	<u>COLUSA COMMUNITY HOSPITAL</u>	<u>4684.6</u>	<u>0.039</u>	<u>0.596</u>	<u>0.635</u>	<u>17377</u>
<u>50435</u>	<u>FALLBROOK DISTRICT HOSPITAL</u>	<u>4979.7</u>	<u>0.024</u>	<u>0.374</u>	<u>0.398</u>	<u>19803</u>
<u>50438</u>	<u>HUNTINGTON MEMORIAL HOSPITAL</u>	<u>6155.8</u>	<u>0.028</u>	<u>0.332</u>	<u>0.36</u>	<u>20120</u>
<u>50440</u>	<u>HOWARD MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.049</u>	<u>0.433</u>	<u>0.482</u>	<u>17377</u>
<u>50441</u>	<u>STANFORD UNIVERSITY HOSPITAL</u>	<u>8212.0</u>	<u>0.032</u>	<u>0.327</u>	<u>0.359</u>	<u>22022</u>
<u>50443</u>	<u>JOHN C. FREMONT HOSPITAL</u>	<u>4303.8</u>	<u>0.027</u>	<u>0.518</u>	<u>0.545</u>	<u>17377</u>
<u>50444</u>	<u>SUTTER MERCED MEDICAL CENTER</u>	<u>6086.4</u>	<u>0.033</u>	<u>0.34</u>	<u>0.373</u>	<u>17377</u>
<u>50446</u>	<u>TEHACHAPI VALLEY HOSP. DIST.</u>	<u>4303.8</u>	<u>0.051</u>	<u>0.974</u>	<u>1.025</u>	<u>17377</u>
<u>50447</u>	<u>VILLA VIEW COMMUNITY HOSPITAL</u>	<u>7531.8</u>	<u>0.068</u>	<u>0.374</u>	<u>0.442</u>	<u>19846</u>
<u>50448</u>	<u>RIDGECREST REGIONAL HOSPITAL</u>	<u>4303.8</u>	<u>0.045</u>	<u>0.442</u>	<u>0.487</u>	<u>17377</u>
<u>50449</u>	<u>VALLEY COMMUNITY HOSPITAL</u>	<u>4530.4</u>	<u>0.059</u>	<u>0.24</u>	<u>0.299</u>	<u>18288</u>
<u>50454</u>	<u>UC SAN FRANCISCO MEDICAL CENTER</u>	<u>9962.8</u>	<u>0.033</u>	<u>0.324</u>	<u>0.357</u>	<u>22800</u>
<u>50455</u>	<u>SAN JOAQUIN COMMUNITY HOSPITAL</u>	<u>5021.5</u>	<u>0.022</u>	<u>0.352</u>	<u>0.374</u>	<u>17377</u>
<u>50456</u>	<u>GARDENA PHYSICIANS HOSP. INC.</u>	<u>5057.3</u>	<u>0.048</u>	<u>0.694</u>	<u>0.742</u>	<u>20115</u>
<u>50457</u>	<u>ST. MARY'S MEDICAL CENTER</u>	<u>6681.9</u>	<u>0.033</u>	<u>0.272</u>	<u>0.305</u>	<u>22803</u>
<u>50464</u>	<u>DOCTORS MED CENTER OF MODESTO</u>	<u>5775.5</u>	<u>0.018</u>	<u>0.361</u>	<u>0.379</u>	<u>18043</u>
<u>50468</u>	<u>MEMORIAL HOSPITAL OF GARDENA</u>	<u>6576.1</u>	<u>0.022</u>	<u>0.31</u>	<u>0.332</u>	<u>20115</u>
<u>50469</u>	<u>COLORADO RIVER MEDICAL CENTER</u>	<u>4770.8</u>	<u>0.022</u>	<u>0.777</u>	<u>0.799</u>	<u>18955</u>
<u>50470</u>	<u>SELMA DISTRICT HOSPITAL</u>	<u>4618.3</u>	<u>0.022</u>	<u>0.615</u>	<u>0.637</u>	<u>17680</u>
<u>50471</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>6314.2</u>	<u>0.016</u>	<u>0.293</u>	<u>0.309</u>	<u>20109</u>
<u>50476</u>	<u>SUTTER LAKESIDE HOSPITAL</u>	<u>4303.8</u>	<u>0.04</u>	<u>0.418</u>	<u>0.458</u>	<u>17377</u>
<u>50477</u>	<u>MIDWAY HOSPITAL MEDICAL CENTER</u>	<u>5687.7</u>	<u>0.052</u>	<u>0.234</u>	<u>0.286</u>	<u>20165</u>
<u>50478</u>	<u>SANTA YNEZ VALLEY COTTAGE HOSP</u>	<u>4530.4</u>	<u>0.053</u>	<u>0.424</u>	<u>0.477</u>	<u>18291</u>
<u>50481</u>	<u>WEST HILLS REG MEDICAL CENTER</u>	<u>5065.2</u>	<u>0.025</u>	<u>0.249</u>	<u>0.274</u>	<u>20126</u>
<u>50482</u>	<u>JEROLD PHELPS COMMUNITY HOSP</u>	<u>4684.6</u>	<u>0.029</u>	<u>0.661</u>	<u>0.69</u>	<u>17377</u>
<u>50485</u>	<u>LONG BEACH MEMORIAL MED CENTER</u>	<u>6475.2</u>	<u>0.038</u>	<u>0.401</u>	<u>0.439</u>	<u>20124</u>
<u>50488</u>	<u>EDEN MEDICAL CENTER</u>	<u>6177.8</u>	<u>0.026</u>	<u>0.327</u>	<u>0.353</u>	<u>23773</u>
<u>50491</u>	<u>SANTA ANA HOSPITAL MED CENTER</u>	<u>5078.2</u>	<u>0.129</u>	<u>0.371</u>	<u>0.5</u>	<u>19433</u>
<u>50492</u>	<u>CLOVIS COMMUNITY HOSPITAL</u>	<u>4663.9</u>	<u>0.087</u>	<u>0.4</u>	<u>0.487</u>	<u>17679</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50494</u>	<u>TAHOE FOREST HOSPITAL</u>	<u>4948.0</u>	<u>0.05</u>	<u>0.539</u>	<u>0.589</u>	<u>19979</u>
<u>50496</u>	<u>MT. DIABLO MEDICAL CENTER</u>	<u>6186.0</u>	<u>0.032</u>	<u>0.265</u>	<u>0.297</u>	<u>23776</u>
<u>50497</u>	<u>DOS PALOS MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>17377</u>
<u>50498</u>	<u>SUTTER AUBURN FAITH HOSPITAL</u>	<u>5033.6</u>	<u>0.026</u>	<u>0.32</u>	<u>0.346</u>	<u>20025</u>
<u>50502</u>	<u>ST. VINCENT MEDICAL CENTER</u>	<u>6665.5</u>	<u>0.031</u>	<u>0.297</u>	<u>0.328</u>	<u>20128</u>
<u>50503</u>	<u>SCRIPPS MEM HOSPITAL-ENCINITAS</u>	<u>4979.7</u>	<u>0.031</u>	<u>0.302</u>	<u>0.333</u>	<u>19818</u>
<u>50506</u>	<u>SIERRA VISTA REGINAL MED CTR</u>	<u>4935.5</u>	<u>0.027</u>	<u>0.253</u>	<u>0.28</u>	<u>18386</u>
<u>50510</u>	<u>KFH - SAN RAFAEL</u>	<u>5977.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50512</u>	<u>KFH - HAYWARD</u>	<u>6050.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50515</u>	<u>KAISER FOUND. HOSP - SAN DIEGO</u>	<u>5093.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>19820</u>
<u>50516</u>	<u>MERCY SAN JUAN HOSPITAL</u>	<u>5633.1</u>	<u>0.025</u>	<u>0.243</u>	<u>0.268</u>	<u>20033</u>
<u>50517</u>	<u>VICTOR VALLEY COMM HOSPITAL</u>	<u>5987.7</u>	<u>0.03</u>	<u>0.281</u>	<u>0.311</u>	<u>18989</u>
<u>50522</u>	<u>DOCTORS HOSPITAL OF PINOLE</u>	<u>5974.6</u>	<u>0.023</u>	<u>0.261</u>	<u>0.284</u>	<u>23774</u>
<u>50523</u>	<u>SUTTER DELTA MEDICAL CENTER</u>	<u>7027.7</u>	<u>0.029</u>	<u>0.303</u>	<u>0.332</u>	<u>23774</u>
<u>50526</u>	<u>HUNTINGTON BEACH MED CENTER</u>	<u>5932.9</u>	<u>0.033</u>	<u>0.248</u>	<u>0.281</u>	<u>19367</u>
<u>50528</u>	<u>MEMORIAL HOSPITAL-LOS BANOS</u>	<u>4494.2</u>	<u>0.031</u>	<u>0.292</u>	<u>0.323</u>	<u>17377</u>
<u>50531</u>	<u>BELLFLOWER MEDICAL CENTER</u>	<u>7475.7</u>	<u>0.015</u>	<u>0.258</u>	<u>0.273</u>	<u>20111</u>
<u>50534</u>	<u>JOHN F. KENNEDY MEMORIAL HOSP.</u>	<u>6752.0</u>	<u>0.025</u>	<u>0.212</u>	<u>0.237</u>	<u>18993</u>
<u>50535</u>	<u>COASTAL COMMUNITIES HOSPITAL</u>	<u>7877.0</u>	<u>0.038</u>	<u>0.32</u>	<u>0.358</u>	<u>19361</u>
<u>50537</u>	<u>SUTTER DAVIS HOSPITAL</u>	<u>4407.9</u>	<u>0.08</u>	<u>0.284</u>	<u>0.364</u>	<u>17796</u>
<u>50539</u>	<u>REDBUD COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>17377</u>
<u>50541</u>	<u>KFH - REDWOOD CITY</u>	<u>5976.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50542</u>	<u>KERN VALLEY HOSPITAL DISTRICT</u>	<u>4303.8</u>	<u>0.083</u>	<u>0.447</u>	<u>0.53</u>	<u>17378</u>
<u>50543</u>	<u>COLLEGE HOSPITAL COSTA MESA</u>	<u>7210.1</u>	<u>0.026</u>	<u>0.26</u>	<u>0.286</u>	<u>19354</u>
<u>50545</u>	<u>LANTERMAN DEVELOPMENTAL CENT</u>	<u>5281.0</u>	<u>0.039</u>	<u>0.687</u>	<u>0.726</u>	<u>20110</u>
<u>50546</u>	<u>PORTERVILLE DEVELOPMENTAL CENT</u>	<u>4303.8</u>	<u>0.014</u>	<u>0.365</u>	<u>0.379</u>	<u>17377</u>
<u>50547</u>	<u>SONOMA DEVELOPMENTAL CENTER</u>	<u>5387.6</u>	<u>0.039</u>	<u>0.782</u>	<u>0.821</u>	<u>20840</u>
<u>50549</u>	<u>LOS ROBLES REGIONAL MED CENTER</u>	<u>4977.9</u>	<u>0.029</u>	<u>0.389</u>	<u>0.418</u>	<u>20075</u>
<u>50550</u>	<u>CHAPMAN MEDICAL CENTER</u>	<u>5626.9</u>	<u>0.04</u>	<u>0.315</u>	<u>0.355</u>	<u>19364</u>
<u>50551</u>	<u>LOS ALAMITOS MEDICAL CTR.</u>	<u>4875.4</u>	<u>0.027</u>	<u>0.255</u>	<u>0.282</u>	<u>19356</u>
<u>50552</u>	<u>MOTION PICTURE AND TELEVIS. FUND</u>	<u>5057.3</u>	<u>0.082</u>	<u>0.946</u>	<u>1.028</u>	<u>20121</u>
<u>50557</u>	<u>MEMORIAL HOSPITAL MODESTO</u>	<u>5018.9</u>	<u>0.017</u>	<u>0.211</u>	<u>0.228</u>	<u>18043</u>
<u>50559</u>	<u>DANIEL FREEMAN MARINA HOSPITAL</u>	<u>5069.8</u>	<u>0.035</u>	<u>0.291</u>	<u>0.326</u>	<u>20133</u>
<u>50561</u>	<u>KAISER FOUND. HOSPITAL - WEST LA</u>	<u>5088.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50564</u>	<u>PACIFICA HOSPITAL</u>	<u>4863.3</u>	<u>0.064</u>	<u>0.446</u>	<u>0.51</u>	<u>19370</u>

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Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50566</u>	<u>EASTERN PLUMAS DISTRICT HOSP</u>	<u>4303.8</u>	<u>0.032</u>	<u>0.387</u>	<u>0.419</u>	<u>17377</u>
<u>50567</u>	<u>MISSION HOSP REGIONAL MED CTR</u>	<u>4873.4</u>	<u>0.035</u>	<u>0.274</u>	<u>0.309</u>	<u>19365</u>
<u>50568</u>	<u>MADERA COMMUNITY HOSPITAL</u>	<u>5863.2</u>	<u>0.02</u>	<u>0.47</u>	<u>0.49</u>	<u>17680</u>
<u>50569</u>	<u>MENDOCINO COAST DISTRICT HOSP</u>	<u>5083.2</u>	<u>0.053</u>	<u>0.598</u>	<u>0.651</u>	<u>20832</u>
<u>50570</u>	<u>FOUNTAIN VALLEY REG MED CENTER</u>	<u>6380.7</u>	<u>0.013</u>	<u>0.273</u>	<u>0.286</u>	<u>19332</u>
<u>50571</u>	<u>SUBURBAN MEDICAL CENTER</u>	<u>8142.0</u>	<u>0.038</u>	<u>0.23</u>	<u>0.268</u>	<u>20148</u>
<u>50573</u>	<u>EISENHOWER MEMORIAL HOSPITAL</u>	<u>4779.7</u>	<u>0.064</u>	<u>0.328</u>	<u>0.392</u>	<u>19022</u>
<u>50575</u>	<u>TRI-CITY REGIONAL MEDICAL CENTER</u>	<u>6475.1</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>20128</u>
<u>50577</u>	<u>SANTA MARTA HOSPITAL</u>	<u>7722.8</u>	<u>0.023</u>	<u>0.458</u>	<u>0.481</u>	<u>20107</u>
<u>50578</u>	<u>MARTIN LUTHER KING, JR./DREW MED</u>	<u>10471.7</u>	<u>0.019</u>	<u>0.338</u>	<u>0.357</u>	<u>20110</u>
<u>50579</u>	<u>CENTURY CITY HOSP</u>	<u>5317.2</u>	<u>0.055</u>	<u>0.235</u>	<u>0.29</u>	<u>20169</u>
<u>50580</u>	<u>LA PALMA INTERCOMMUNITY HOSP</u>	<u>5889.6</u>	<u>0.033</u>	<u>0.257</u>	<u>0.29</u>	<u>19365</u>
<u>50581</u>	<u>LAKEWOOD REGIONAL MED. CTR.</u>	<u>5585.0</u>	<u>0.031</u>	<u>0.25</u>	<u>0.281</u>	<u>20134</u>
<u>50583</u>	<u>ALVARADO COMMUNITY HOSPITAL</u>	<u>5628.4</u>	<u>0.035</u>	<u>0.245</u>	<u>0.28</u>	<u>19833</u>
<u>50584</u>	<u>US FAMILY CARE MEDICAL CENTER</u>	<u>5954.8</u>	<u>0.043</u>	<u>0.239</u>	<u>0.282</u>	<u>19016</u>
<u>50585</u>	<u>SAN CLEMENTE HOSPITAL</u>	<u>4863.3</u>	<u>0.094</u>	<u>0.51</u>	<u>0.604</u>	<u>19385</u>
<u>50586</u>	<u>CHINO VALLEY MEDICAL CENTER</u>	<u>5966.5</u>	<u>0.035</u>	<u>0.329</u>	<u>0.364</u>	<u>18989</u>
<u>50588</u>	<u>SAN DIMAS COMMUNITY HOSPITAL</u>	<u>5057.3</u>	<u>0.028</u>	<u>0.235</u>	<u>0.263</u>	<u>20133</u>
<u>50589</u>	<u>PLACENTIA LINDA COMMUNITY HOSP</u>	<u>4872.5</u>	<u>0.041</u>	<u>0.311</u>	<u>0.352</u>	<u>19366</u>
<u>50590</u>	<u>METHODIST HOSP OF SACRAMENTO</u>	<u>6464.5</u>	<u>0.028</u>	<u>0.356</u>	<u>0.384</u>	<u>20024</u>
<u>50591</u>	<u>MONTEREY PARK HOSPITAL</u>	<u>7802.9</u>	<u>0.03641</u>	<u>0.222</u>	<u>0.25841</u>	<u>20148</u>
<u>50592</u>	<u>BREA COMMUNITY HOSPITAL</u>	<u>4876.0</u>	<u>0.029</u>	<u>0.285</u>	<u>0.314</u>	<u>19355</u>
<u>50594</u>	<u>WESTERN MEDICAL CENTER ANAHEIM</u>	<u>6282.6</u>	<u>0.062</u>	<u>0.302</u>	<u>0.364</u>	<u>19392</u>
<u>50597</u>	<u>FOOTHILL PRESBYTERIAN HOSPITAL</u>	<u>5389.1</u>	<u>0.031</u>	<u>0.398</u>	<u>0.429</u>	<u>20118</u>
<u>50598</u>	<u>MISSION BAY MEMORIAL HOSPITAL</u>	<u>4979.7</u>	<u>0.027</u>	<u>0.352</u>	<u>0.379</u>	<u>19808</u>
<u>50599</u>	<u>UC DAVIS MEDICAL CENTER</u>	<u>9301.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20035</u>
<u>50601</u>	<u>TARZANA ENCINO REGIONAL MED CTR</u>	<u>5670.2</u>	<u>0.028</u>	<u>0.361</u>	<u>0.389</u>	<u>20118</u>
<u>50603</u>	<u>SADDLEBACK MEMORIAL MED CENTER</u>	<u>4871.2</u>	<u>0.026</u>	<u>0.387</u>	<u>0.413</u>	<u>19341</u>
<u>50604</u>	<u>KFH - SANTA TERESA</u>	<u>5536.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>22024</u>
<u>50608</u>	<u>DELANO REGIONAL MEDICAL CNT.</u>	<u>6006.5</u>	<u>0.029</u>	<u>0.266</u>	<u>0.295</u>	<u>17377</u>
<u>50609</u>	<u>KAISER FOUND HOSPITALS -ANAHEIM</u>	<u>5468.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50613</u>	<u>SETON COASTSIDE HOSPITAL</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>22801</u>
<u>50615</u>	<u>GREATER EL MONTE COMM HOSP</u>	<u>8024.6</u>	<u>0.048</u>	<u>0.244</u>	<u>0.292</u>	<u>20158</u>
<u>50616</u>	<u>ST. JOHN'S PLEASANT VALLEY HOSP</u>	<u>4494.1</u>	<u>0.027</u>	<u>0.347</u>	<u>0.374</u>	<u>18146</u>
<u>50618</u>	<u>BEAR VALLEY COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.042</u>	<u>0.645</u>	<u>0.687</u>	<u>18971</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50623</u>	<u>HIGH DESERT HOSPITAL</u>	<u>5281.0</u>	<u>0.027</u>	<u>0.486</u>	<u>0.513</u>	<u>20110</u>
<u>50624</u>	<u>HENRY MAYO NEWHALL MEM HOSP</u>	<u>5067.0</u>	<u>0.051</u>	<u>0.302</u>	<u>0.353</u>	<u>20149</u>
<u>50625</u>	<u>CEDARS-SINAI MEDICAL CENTER</u>	<u>6622.9</u>	<u>0.025</u>	<u>0.275</u>	<u>0.3</u>	<u>20123</u>
<u>50630</u>	<u>INLAND VALLEY REGIONAL MED CENT</u>	<u>4770.8</u>	<u>0.047</u>	<u>0.358</u>	<u>0.405</u>	<u>18998</u>
<u>50633</u>	<u>TWIN CITIES COMMUNITY HOSPITAL</u>	<u>4553.8</u>	<u>0.024</u>	<u>0.235</u>	<u>0.259</u>	<u>18386</u>
<u>50636</u>	<u>POMERADO HOSPITAL</u>	<u>4979.7</u>	<u>0.043</u>	<u>0.347</u>	<u>0.39</u>	<u>19826</u>
<u>50638</u>	<u>SOUTHERN MONO HEALTH CARE DIST</u>	<u>4303.8</u>	<u>0.098</u>	<u>0.863</u>	<u>0.961</u>	<u>17377</u>
<u>50641</u>	<u>EAST LA DOCTOR'S HOSPITAL</u>	<u>7814.3</u>	<u>0.041</u>	<u>0.389</u>	<u>0.43</u>	<u>20128</u>
<u>50643</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5710.0</u>	<u>0.03641</u>	<u>0.606</u>	<u>0.64241</u>	<u>4784</u>
<u>50644</u>	<u>LOS ANGELES METRO MED CENTER</u>	<u>8106.8</u>	<u>0.039</u>	<u>0.234</u>	<u>0.273</u>	<u>20148</u>
<u>50662</u>	<u>AGNEWS DEVELOPMENTAL CENTER</u>	<u>5778.9</u>	<u>0.039</u>	<u>0.906</u>	<u>0.945</u>	<u>22009</u>
<u>50663</u>	<u>LOS ANGELES COMMUNITY HOSPITAL</u>	<u>8162.8</u>	<u>0.018</u>	<u>0.327</u>	<u>0.345</u>	<u>20109</u>
<u>50667</u>	<u>NELSON M. HOLDERMAN VET'S HOME</u>	<u>5042.8</u>	<u>0.024</u>	<u>1.182</u>	<u>1.206</u>	<u>20374</u>
<u>50668</u>	<u>LAGUNA HONDA HOSPITAL</u>	<u>5729.5</u>	<u>0.022</u>	<u>0.998</u>	<u>1.02</u>	<u>22786</u>
<u>50670</u>	<u>NORTH COAST HEALTH CARE CENTERS</u>	<u>5159.2</u>	<u>0.058</u>	<u>0.371</u>	<u>0.429</u>	<u>20819</u>
<u>50674</u>	<u>KFH - SOUTH SACRAMENTO</u>	<u>5474.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20035</u>
<u>50676</u>	<u>SURPRISE VALLEY COMM HOSPITAL</u>	<u>4303.8</u>	<u>0.062</u>	<u>0.804</u>	<u>0.866</u>	<u>17377</u>
<u>50677</u>	<u>KFH - WOODLAND HILLS</u>	<u>5392.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50678</u>	<u>ORANGE COAST MEM MED CENTER</u>	<u>4867.4</u>	<u>0.033</u>	<u>0.452</u>	<u>0.485</u>	<u>19343</u>
<u>50680</u>	<u>VACAVALLEY HOSPITAL</u>	<u>5042.8</u>	<u>0.034</u>	<u>0.218</u>	<u>0.252</u>	<u>20351</u>
<u>50682</u>	<u>KINGSBURG MEDICAL CENTER</u>	<u>4572.4</u>	<u>0.086</u>	<u>0.361</u>	<u>0.447</u>	<u>17679</u>
<u>50684</u>	<u>MENIFEE VALLEY MEDICAL CENTER</u>	<u>4770.8</u>	<u>0.048</u>	<u>0.265</u>	<u>0.313</u>	<u>19017</u>
<u>50685</u>	<u>SOUTH VALLEY HOSPITAL</u>	<u>5534.0</u>	<u>0.027</u>	<u>0.427</u>	<u>0.454</u>	<u>22014</u>
<u>50686</u>	<u>KAISER FOUND. HOSP - RIVERSIDE</u>	<u>5140.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>19357</u>
<u>50688</u>	<u>SAINT LOUISE HOSPITAL</u>	<u>5534.0</u>	<u>0.089</u>	<u>0.417</u>	<u>0.506</u>	<u>22046</u>
<u>50689</u>	<u>SAN RAMON REG. MEDICAL CENTER</u>	<u>5981.9</u>	<u>0.087</u>	<u>0.308</u>	<u>0.395</u>	<u>23784</u>
<u>50690</u>	<u>KFH - SANTA ROSA</u>	<u>5161.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20828</u>
<u>50693</u>	<u>IRVINE MEDICAL CENTER</u>	<u>5021.5</u>	<u>0.129</u>	<u>0.3</u>	<u>0.429</u>	<u>19454</u>
<u>50694</u>	<u>MORENO VALLEY COMMUNITY HOSP</u>	<u>4981.7</u>	<u>0.063</u>	<u>0.278</u>	<u>0.341</u>	<u>19032</u>
<u>50695</u>	<u>ST. DOMINIC'S HOSPITAL</u>	<u>4540.3</u>	<u>0.072</u>	<u>0.38</u>	<u>0.452</u>	<u>18329</u>
<u>50696</u>	<u>USC UNIVERSITY HOSPITAL</u>	<u>6232.7</u>	<u>0.071</u>	<u>0.278</u>	<u>0.349</u>	<u>20175</u>
<u>50697</u>	<u>PATIENT'S HOSPITAL OF REDDING</u>	<u>4858.2</u>	<u>0.076</u>	<u>0.486</u>	<u>0.562</u>	<u>19609</u>
<u>50699</u>	<u>REDDING SPECIALTY HOSPITAL</u>	<u>4858.2</u>	<u>0.06</u>	<u>0.533</u>	<u>0.593</u>	<u>19614</u>
<u>50701</u>	<u>SHARP HEALTHCARE MURRIETA</u>	<u>4979.7</u>	<u>0.045</u>	<u>0.37</u>	<u>0.415</u>	<u>19825</u>
<u>50704</u>	<u>MISSION COMMUNITY HOSPITAL</u>	<u>7949.1</u>	<u>0.03</u>	<u>0.369</u>	<u>0.399</u>	<u>20119</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor</u> <u>(2001 Payment</u> <u>Impact File Data)</u>	<u>Capital Cost-to-</u> <u>Charge Ratio</u>	<u>Operating Cost-to-</u> <u>Charge Ratio</u>	<u>Total Cost-to-</u> <u>Charge Ratio</u>	<u>Hospital Specific</u> <u>Outlier Factor</u>
<u>50707</u>	<u>RECOVERY INN OF MENLO PARK</u>	<u>5729.5</u>	<u>0.113</u>	<u>0.749</u>	<u>0.862</u>	<u>22807</u>
<u>50708</u>	<u>FRESNO SURGERY CENTER</u>	<u>4378.7</u>	<u>0.1</u>	<u>0.498</u>	<u>0.598</u>	<u>17679</u>
<u>50709</u>	<u>DESERT VALLEY HOSPITAL</u>	<u>4770.8</u>	<u>0.057</u>	<u>0.312</u>	<u>0.369</u>	<u>19017</u>
<u>50710</u>	<u>KFH - FRESNO</u>	<u>4379.7</u>	<u>0.03641</u>	<u>0.361</u>	<u>0.39741</u>	<u>17679</u>
<u>50713</u>	<u>LINCOLN HOSPITAL MEDICAL CENTER</u>	<u>5281.0</u>	<u>0.03641</u>	<u>0.491</u>	<u>0.52741</u>	<u>20117</u>
<u>50714</u>	<u>SUTTER MATERNITY & SURGERY CENT</u>	<u>5726.4</u>	<u>0.039</u>	<u>0.776</u>	<u>0.815</u>	<u>23142</u>
<u>50717</u>	<u>RANCHO LOS AMIGOS NATL. REHAB. CTR.</u>	<u>7608.2</u>	<u>0.04</u>	<u>0.405</u>	<u>0.445</u>	<u>20126</u>
<u>50718</u>	<u>VALLEY PLAZA DOCTORS HOSPITAL</u>	<u>4981.7</u>	<u>0.03641</u>	<u>0.361</u>	<u>0.39741</u>	<u>18986</u>
<u>50719</u>	<u>THE HEART HOSPITAL</u>	<u>4770.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>18989</u>
<u>50720</u>	<u>TUSTIN HOSPITAL & MEDICAL CENTER</u>	<u>5078.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>19357</u>
<u>50721</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.03641</u>	<u>0.382</u>	<u>0.41841</u>	<u>20124</u>
<u>50722</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>4979.7</u>	<u>0.03641</u>	<u>0.365</u>	<u>0.40141</u>	<u>19817</u>
<u>50723</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.03641</u>	<u>0.365</u>	<u>0.40141</u>	<u>20126</u>